

TRAINING PROGRAMS FOR REHABILITATION
COUNSELORS IN THE UNITED STATES

by

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TRAINING PROGRAMS FOR REHABILITATION COUNSELORS IN THE UNITED STATES

CHAPTER I

THE PROBLEM AND ITS SETTING

The Nature of the Problem

The need for rehabilitation of the disabled has received increasing recognition in recent years. Public attention to, and current research on, the problems of the disabled have brought into focus a number of needs vitally affecting the immediate expansion and the long-range improvement of the rehabilitation program. The exigency of the situation was noted by President Eisenhower in his Health Message to Congress on January 18, 1954.

Working with only a small portion of the disabled among our people, Federal and state governments and voluntary organizations and institutions have proved the advantage to our nation of restoring handicapped persons to full and productive lives.

When our state-Federal program of vocational rehabilitation began in 1920, the services rendered were limited largely to vocational counseling, training and job placement. Since then advancing techniques in the medical and social aspects of rehabilitation have been incorporated into that program.

There are now 2,000,000 disabled persons who could be rehabilitated and thus returned to productive work. Under the present rehabilitation program only 60,000 of these disabled individuals are returned each year to full and productive lives. Meanwhile, 250,000 of our people are annually disabled. Therefore, we are losing ground at a distressing rate. The number of disabled who enter productive employment each year can be increased if the facilities, personnel and financial support for their rehabilitation are made adequate to the need.

Considerations of both humanity and national self-interest demand that steps be taken now to improve this situation. Today, for example, we are spending three times as much in public assistance to care for non-productive disabled people as it would cost to make them self-sufficient and taxpaying members of their communities. Rehabilitated persons as a group pay back in Federal income taxes many times the cost of their rehabilitation.

There are no statistics to portray the full depth and meaning in human terms of the rehabilitation program, but clearly it is a program that builds a stronger America.

We should provide for a progressive expansion of our rehabilitation resources, and we should act now so that a sound foundation may be established in 1955. My forthcoming Budget Message will reflect this objective. Our goal in 1955 is to restore 70,000 disabled persons to productive lives. This is an increase of 10,000 over the number rehabilitated in 1953. Our goal for 1956 should be 100,000 rehabilitated persons, or 40,000 persons more than those restored in 1953. In 1956, also, the states should begin to contribute from their own funds to the cost of rehabilitating these additional persons. By 1959, with gradually increasing state participation to the point of equal sharing with the Federal Government, we should reach the goal of 200,000 rehabilitated persons each year.

In order to achieve this goal we must extend greater assistance to the states. We should do so, however, in a way which will equitably and gradually transfer increasing responsibility to the states. A program of grants should be undertaken to provide, under state auspices, specialized training for the professional personnel necessary to carry out the expanded program and to foster that research which will advance our knowledge of the ways of overcoming handicapping conditions. We should also provide, under state auspices, clinical facilities for rehabilitation services in hospitals and other appropriate treatment centers. In addition, we should encourage state and local initiative in the development of community rehabilitation centers and special workshops for the disabled.

With such a program the Nation could during the next five years return a total of 660,000 of our disabled people to places of full responsibility as actively working citizens.
(14, p. 16)

To implement the goals set up by the President, Congress unanimously passed Public Law 565, the Vocational Rehabilitation Amendments Act, during July, 1954. Public Law 565 constructed the framework for a board, expanding network of services designed to bring rehabilitation within the reach of all who could benefit from it. It provided a stronger financial structure and improved administration for the state-Federal program; it authorized grants for the expansion of rehabilitation facilities and for training programs to meet the shortage of professionally qualified rehabilitation personnel.

A shortage of personnel exists in all the professional fields providing rehabilitation services. Among these are rehabilitation counseling, medicine, nursing, social work, the various therapies, psychiatry, and psychology, but the greatest immediate need is in rehabilitation counseling (36, p. 444). If the President's challenge of 200,000 handicapped rehabilitated each year is to be met by 1959, an estimated 3,500 to 4,000 rehabilitation counselors will be needed in state agencies alone (70, p. 1). The demand for counselors by private agencies and by the Veterans Administration further complicates the problem of providing an adequate number of trained counselors.

The problem of shortage of rehabilitation counselors is still further compounded by the lack of a professional curriculum for pre-service education in this field. The U. S. Office of Vocational Rehabilitation took cognizance of the absence of an established curriculum in the March, 1955, announcement to colleges

and universities on teaching grants for rehabilitation counseling.

There is much divergence of informal opinion regarding what constitutes a sound curriculum for rehabilitation counselors. This has been the case for many years during which many able people from several disciplines have searched for reasonable answers. There is general agreement that many basic skills and knowledges required by rehabilitation counselors are contained in the curricula for vocational counseling, counseling psychology, and social work. It would seem desirable, therefore, to encourage and work toward an effective interdisciplinary approach.

. . .

There is no established, accredited, or pre-conceived pattern of training for rehabilitation counselors. To assist teaching institutions in the planning and development of training programs there is enclosed a mimeographed statement of the job description and knowledges and skills required by the vocational rehabilitation counselor in the state-Federal program. (70, p. 1) (See Appendix A for job description.)

Miller and others, speaking for the Office of Vocational Rehabilitation in early 1955, stated that, "The Office of Vocational Rehabilitation does not intend to prescribe where or how training programs for rehabilitation counselors shall be organized. It takes the position that rehabilitation counselors should, upon completion of a training program, have the competencies . . ." included in the above mentioned job description (36, p. 447).

To meet the emergency a number of universities turned their efforts to the planning of a curriculum for the preparation of rehabilitation counselors. Twenty-six colleges and universities had been approxed for teaching grants by August, 1955, and three more had been awarded planning grants (66, p. 1-3). In the planning process, use was made of materials such as the job description of the rehabilitation counselor, the report on personnel standards

and training by the National Rehabilitation Association (40, p. 26), and the standards for training counseling psychologists established by the Division of Counseling and Guidance of the American Psychological Association (1, p. 182-188). The multidisciplinary approach, with representatives from such disciplines as education, psychology, social work, and medicine, was adopted by a number of schools; others simply revised their programs in vocational counseling and in psychological counseling.

The National Rehabilitation Association received a Federal Special Project grant in 1955 to make a long-range study of the problem. Realizing that such a study would not provide immediate help in meeting the problems related to the training of rehabilitation counselors, the National Rehabilitation Association and the National Vocational Guidance Association ". . . agreed jointly to revise and adapt the 1949 publication, Counselor Preparation¹, to reflect current thinking with respect to the preparation of rehabilitation counselors . . ." (25, p. v) The revision, called Rehabilitation Counselor Preparation, was prepared for the direct purpose of giving immediate assistance to institutions and agencies concerned with the development of rehabilitation counseling training programs.

At the present time a consensus on standards of training by educators and rehabilitation leaders is still lacking. Meanwhile,

¹Counselor Preparation was published by the National Vocational Guidance Association. Eight organizations, one of which was the National Rehabilitation Association, cooperated in its preparation.

the demands for professionally qualified rehabilitation counselors continue to increase.

Purpose of the Study

Several needs are evident at the present time. An objective study and evaluation of the content of the newly-established curricula now needs to be made. Academicians and professional people of several disciplines as well as professional associations have been concerned with the development of the program. The group which has not yet been consulted, and who may well point the way to the essential framework for a rehabilitation counseling curriculum, are the rehabilitation counselors themselves. In light of their experiences on the job, their educational preparation and the needs they have found, counselors can possibly make a definite and positive contribution to an evaluation of the curriculum at this time.

The general purpose of this study is to ascertain the content the rehabilitation counselor believes to be essential in a rehabilitation counseling curriculum. The more specific intent of the study is to select, from the point of view of the rehabilitation counselor, those knowledges and skills essential for inclusion in the college training program; to determine their relative importance by the use of rank order of weighted means; and to present a proposed program of minimum essentials developed on the basis of these guidelines.

Definition of Terms

A delineation of the terms basic to the problem is necessary for interpretation of the study. Each of the following will be defined in terms of the context in which it will be used: rehabilitation, total rehabilitation process, rehabilitation counselor, state employed rehabilitation counselor, privately employed rehabilitation counselor, Veterans Administration counselor, rehabilitation center, disability and handicap.

Rehabilitation

Rehabilitation will be used to denote the realization by the disabled person of a useful and satisfying life in all areas of living, physical, mental, psychological, social, and vocational. It is the culmination of an individual process which returns the handicapped person to a full and productive life.

Total rehabilitation process

The total rehabilitation process will mean the selection and integration of those procedures and services requisite to the fulfillment of the goal of rehabilitation for any given handicapped person. It is the complex of a number of processes, which may involve medical diagnosis and medical services, psychological analysis and therapy, social services, and vocational guidance, training and placement.

Rehabilitation counselor

The rehabilitation counselor will be considered the pivotal figure in the total rehabilitation process. With the client he develops a central plan leading to rehabilitation, and he functions in the selection, coordination, and integration of the various diagnostic and therapeutic services and community resources necessary for the achievement of the goal. At all times the counseling relationship is primary. The rehabilitation counselor, then, is that person who works with the disabled person throughout the rehabilitation process and assists him in problem solving and positive planning leading to life adjustment.

State employed rehabilitation counselor

The term state employed rehabilitation counselor will be used to designate a rehabilitation counselor who is employed in a state agency of vocational rehabilitation in any of the forty-eight states or the District of Columbia. The duties and responsibilities are essentially those of the rehabilitation counselor described above.

Privately employed rehabilitation counselor

The term privately employed rehabilitation counselor will be used to designate a rehabilitation counselor who is employed in a privately operated rehabilitation center or agency. Such rehabilitation agencies will include those operated or sponsored by

private or volunteer groups or funds. The responsibilities and the status of the privately employed rehabilitation counselor will not be considered materially different from those of the state employed rehabilitation counselor.

Veterans Administration counselor

The term Veterans Administration counselor will be used to designate the Veterans Administration Civil Service classification of counseling psychologist, vocational rehabilitation and education (61). The person in this position will be considered to perform the role of the rehabilitation counselor as defined on page 8, with the setting limited to the Veterans Administration agency and the disabled veteran.

Rehabilitation center.

The rehabilitation center will denote a facility which provides a grouping of services for the rehabilitation of the handicapped. Such services meet the objectives of providing for a coordinated study of the individual, for curative or restorative functions, for social services, personal counseling, and vocational guidance. The team approach is used in bringing to the handicapped the special skills of such professional personnel as the physician, the therapist, the social worker, the psychologist, and the rehabilitation counselor.

Disability and handicap

Rehabilitation is directed toward an alleviation of the influences of both disabling and handicapping conditions, terms which have distinctly differing connotations in the field of rehabilitation. Hamilton's differentiation of the two terms is accepted for the purposes of this study.

A disability is a condition of impairment, physical or mental, having an objective aspect that can usually be described by a physician. It is essentially a medical thing.

A handicap is the cumulative result of the obstacles which disability interposes between the individual and his maximum functional level. (26, p. 17)

Plan of the Study

The most suitable method of study by which the problem could be attacked appeared to be the survey. The survey method employed was that of the normative-survey, described by Good and Scates as the presentation of data concerning the nature and status of a thing at a particular time with an effort to establish standards on the basis of what is prevalent (20, p. 259). Techniques utilized included description through analysis and comparison. The chief tool, or the survey instrument, was the questionnaire.

The study is organized into five parts, each of which is presented as a chapter.

1. The identification of the problem.

2. The review of the literature pertinent and related to the problem, including the evolving concept of rehabilitation counseling and the training of rehabilitation counselors.
3. The design of the study, including the collection of initial data, the construction and distribution of the questionnaire, and the analysis of data.
4. The findings of the study, including the analysis and comparison of the counselor responses on each of the major areas in the rehabilitation counseling curriculum included in the questionnaire.
5. The summary and recommendations, including a proposed program of minimum essentials for rehabilitation counselor education.

Delimitations of the Study

The study is limited to the pre-employment education of rehabilitation counselors in colleges and universities, and more specifically, to the essential content of the curriculum in rehabilitation counseling as determined by rehabilitation counselors.

Counselors were selected to represent three situations in which rehabilitation counseling takes place: state vocational rehabilitation agencies, private rehabilitation centers, and the Veterans Administration. At the time of the survey approximately 1,350 counselors were employed in state rehabilitation work. Ten per cent of this group were contacted on a distributed state basis. The privately employed counselors were contacted through the rehabilitation centers listed by the 1954 and 1955 Conferences on Rehabilitation Centers. Only those centers indicating a combination of services were included. Research centers, teaching centers, and hospital

centers, which have more limited goals, and state-connected or state-operated centers, which are supported by public funds, were omitted. The Veterans Administration counselors represented the centers and regional offices that exist within the United States.

The 1954 Vocational Rehabilitation Amendments Act defines "state" to include Alaska, District of Columbia, Hawaii, the Virgin Islands, and Puerto Rico, and for the purposes of Section 4, also Guam (81, p. 665). With the exception of the District of Columbia these were eliminated in the present study; the continental boundaries of the United States were set as the geographical limits of the study.

CHAPTER II

REVIEW OF RELATED LITERATURE

The Evolving Concept of Rehabilitation Counseling

From the time of initial Federal legislation on vocational rehabilitation of the handicapped in 1918 and 1920 to the present, the connotation of the term "vocational rehabilitation" has changed in emphasis and in types of services rendered. As a result, the counseling service which accompanies rehabilitation has also changed in concept.

The 1920 Vocational Rehabilitation Act stated, "That for the purpose of this Act . . . the term 'rehabilitation' shall be construed to mean the rendering of a person disabled fit to engage in a remunerative occupation." (79, p. 735) Throughout the literature of the 1920's vocational rehabilitation was spoken of as guidance in occupational selection, job training, and placement, and counseling was spoken of in terms of "assistance, advisement, guidance, and supervision." However, a recognition of other needs was growing.

In order to accomplish vocational rehabilitation it is often necessary to effect first physical reconstruction, restoration of morale, or even moral rehabilitation. As a result economic and social rehabilitation follow. In other words, vocational rehabilitation of a physically disabled person may involve several forms of rehabilitation, but it should be noted that vocational rehabilitation service which has

been established in the States is limited in so far as expenditures of funds and services are concerned to such activities as are directed to vocational reestablishment. The vocational rehabilitation service has been conceived fundamentally as one of vocational advisement and training . . . Vocational rehabilitation is concerned with other forms of rehabilitation only as antecedent or incident to the service of vocational reestablishment. (30, p. 32)

An analysis of the specific steps in the solution of the problems leading to rehabilitation of the physically disabled were outlined by the Federal Board of Vocational Education in 1933 as:

First, a thorough study of the social and economic status of the person, including an analysis of his aptitudes and abilities; second, the selection of a suitable employment objective; third, a preparation for employment through physical restoration, vocational training or other service; fourth, placement in employment and follow-up to insure success. Each step of this program is accompanied by competent counsel and advisement, together with such cooperation and assistance as will bring about the desired result. (75, p. 3)

The emphasis was still at this time primarily one of vocational guidance. In the same report, the Board also noted a major need for better trained personnel for carrying on the service.

During the next decade a gradual expansion of the concept developed with the increased inter-agency cooperation and with the increased use of other professional fields in the process of planning for the effective rehabilitation of the handicapped. The Vocational Rehabilitation Amendments Act of 1943 defined vocational rehabilitation in much broader terms: "As used in this Act--the term 'vocational rehabilitation' and the term 'rehabilitation services' means any services necessary to render a disabled individual fit to engage in a remunerative occupation . . ." (80, p. 379)

"Any services" were defined in other parts of the Act to include medical, surgical, psychiatric, and hospital care; artificial appliances; job training; maintenance and transportation; occupational tools and equipment; placement on the job; and follow-up.

During and since World War II the counselor has increasingly become a "coordinator" of the rehabilitation process. Federal legislation has at all times used the term "vocational" rehabilitation, and state agencies are also defined as bureaus or divisions of vocational rehabilitation. Job descriptions and job titles of the counselor, however, most frequently use the term "rehabilitation counselor," and define his duties as working with the handicapped throughout the rehabilitation process, drawing upon the services of medical, psychiatric, social work, and psychological personnel. Part of the problem of obtaining qualified personnel lies in the fact that these duties cover a wide area.

Modern rehabilitation requires a large variety of services . . . and it can hardly be expected that a professional person, administrator or counselor, would be able to keep abreast of all the latest developments, let alone perform the specialized functions. (13, p. 238)

The implication is that he, the counselor, is not expected to be a master of all the involved disciplines, but he is expected to have a basic knowledge in order that he can recognize when specific services are needed and secure them, interpret reports on them and integrate them into a total plan of action. More important, he needs to be able to effectively communicate with other professional members of the rehabilitation "team."

The evolving role of the rehabilitation counselor from one of vocational advisement to one of rehabilitation counseling has created a number of problems. While at one time a vocational or occupational specialist could fill the role, today the counselor must be a vocational specialist, a psychological counselor, and a member of the rehabilitation team with knowledge and understanding in a number of fields.

With regard to the shift in emphasis in vocational counseling, Bordin and Wrenn state:

The trend is toward expecting more and more psychological sophistication of those who counsel, while not materially reducing emphasis upon the knowledge needed of the social, vocational, business or industrial, and educational structure within which the individual functions. There is a merging of traditional vocational guidance with concern for the emotional and motivational aspects of behavior, which characterizes psychotherapy . . . The development is disturbing to the more casual academic and vocational counselors on the one hand, and to the more clinically trained counselors on the other. The first feels that too much is expected of them, that they should not be expected to deal with 'emotional' problems. The second is certain that if he is really qualified in personality dynamics and psychological appraisal, he cannot be expected to keep up with shifts in the broad social, vocational, and educational environments. Both are unhappy, but both will have to accept the conclusion that one emphasis requires the other in dealing with clients or students in a realistic manner. (9, p. 135)

Thompson (57) also pointed toward a broader definition of the term vocational counseling when he noted that at its present stage of development, vocational guidance is influenced by the emphasis upon the total person. "He (the vocational counselor) should help the counselee to acquire understanding, not only of his capacities, interests, and opportunities, but also of the emotionalized

attitudes which may interfere with rational choice." (57, p. 535)

Hale (24) agrees with Thompson, but he goes a step further, by calling vocational counseling a scientific process in which the counselor is ". . . continually adapting and applying, coordinating and systematizing, psychological, medical, sociological, and educational philosophies, principles, and practices, and progressively changing or combining useable segments of these teachings to the end that one may make a vocational choice." (24, p. 172)

Wrenn (87) stresses that these trends in vocational counseling parallel the changes during the last three decades in counseling in general. While they are in the direction of more understanding of and more skill in dealing with the client as a dynamic organism, the specialized knowledge in occupations should not be minimized. Rather, Wrenn states, "The move is in the direction of this knowledge plus, and the plus has to do with procedures for appraising capacity and attitudes, understanding of personality development, knowledge of deviant forms of behavior, and skill in counseling relationships. Not the least of this 'plus' should be an intimate knowledge of specialized referral agencies in his community and state and procedures for successfully making referrals." (87, p. 17) Wrenn believes that the training of all counselors, including vocational counselors, should place emphasis on psychological knowledges and skills as the core, along with a breadth of knowledge concerning the social and vocational conditions of the institutions and agencies of society. He suggests that the supervised experience period should constitute a larger segment of the

training process.

These trends in the changing role of the vocational counselor are reflected in the changing role of the rehabilitation counselor with the setting limited to the physically and mentally handicapped. The rehabilitation counselor may work with the handicapped at various levels with differing degrees of emphasis. For example, the University of Minnesota added a counselor designated to work with the physically disabled in the academic setting in 1952. Berdie (7), in reporting on the program, stated that such a counselor must have ". . . both special information and techniques to counsel these students effectively. For instance, the counselor must know how various kinds of physical limitations should be considered in relation to job opportunities and requirements; what limitations can be attributed to social attitudes, to legal and insurance regulations, and to employer attitudes; and what financial resources are available to assist the disabled persons. In addition, the counselor must have a basic background of information regarding prosthetic devices and related medical information." (7, p. 476-477) Berdie goes on to say that special kinds of relationships must be maintained with other persons and agencies and that frequent consultations are necessary for an integrated program.

Geyer (19) points out that a number of these things are also needed by the counselor of the physically impaired in the high school setting. She, too, stresses that the counselor works with other team members ". . . in dealing with the client according to

a unified, accepted and comprehensively understood total plan."

(19, p. 216)

Rehabilitation counseling, in addition to being found in academic settings, may be found in a number of other settings, such as the rehabilitation center, the individual home, and the agency setting. Rehabilitation counseling may be centered on a specific type of disability, as the mentally retarded, the blind, the paraplegic. It may involve marital, economic, personal, or social problems as well as vocational problems. It might deal with the severely disabled or varying levels of the less severely disabled.

The extensiveness of the range of settings, the types of counseling, and the levels of disability add to the problems in training. Research on rehabilitation counselor training is almost nil at the present time. However, some writings on the subject are presented in the next section.

Rehabilitation Counselor Training

Academic training programs

In 1946, DiMichaels and Dabelstein, writing on the needs of the rehabilitation counselor in the State-Federal program with reference to the area of psychology, said:

A large proportion of vocational counselors who must be employed at the present time are not prepared to carry out efficiently the complex duties, partly because university centers on the whole have not turned their efforts to training guidance personnel in vocational rehabilitation. Counselors exhibit ineffective skills in the application

of psychological principles and techniques, an essential function of their work. These deficiencies must be made up even while the counselor is carrying his case load. (13, p. 240)

They listed as basic needs in this area, training in the dynamics of human behavior, skill in using psychotherapeutic methods in dealing with minor maladjustments and in detecting those conditions needing referral, ability to assess the personality of the client, and understanding of specialized psychological services such as reading disabilities and speech pathology.

It became increasingly recognized by educators and rehabilitation leaders that a special curriculum was necessary for the training of rehabilitation counselors. Two schools in particular developed programs aimed at filling the need. The University of Minnesota in 1946 (37) announced a program in vocational diagnosis and counseling for rehabilitation workers. It was offered through the Psychology Department as an undergraduate program, or through several departments of the graduate school as a graduate program. The curriculum content was drawn from biostatistics, economics and business administration, educational psychology, political science, and psychology. Ohio State University (32) has offered a graduate training program in rehabilitation counseling through the School of Social Administration since 1947.¹

The Committee on Personnel Standards and Training of the National Rehabilitation Association issued a report on the areas of rehabilitation counselor preparation in 1952 (40). The

¹Also, in a letter to the writer from Dr. Dorothea Smith, Coordinator of Rehabilitation Counseling, dated March 29, 1956.

Committee accepted as the basic core of learnings in rehabilitation counselor education those areas designated as the common core for all counselors by the 1949 National Vocational Guidance Association Committee (45). These included:

1. Philosophy and principles of guidance services
2. Growth and development of the individual
3. The study of the individual
4. Collecting, evaluating, and using occupational, educational and related information
5. Administrative and community relationships
6. Techniques used in counseling
7. Supervised experience in counseling

In addition to the common core, special areas of training were recommended by the Committee: concepts of rehabilitation, adaptations of the above common core to the disabled including special methods and uses with the handicapped, social and environmental factors, operating programs and resources for the various disabilities, community organization, and research and evaluation (40, p. 19).

The San Francisco Chapter of the National Rehabilitation Association sponsored a study in 1952 by Dr. Louis Levine of San Francisco State College and Mrs. Janet Pence of the California Bureau of Vocational Rehabilitation (33) to develop a program of professional training in rehabilitation counseling which would set up minimal standards. The report recommended a two year training period. It was recommended that the first year be spent in the

academic setting in work aimed at developing these knowledges and understandings:

1. An orientation to rehabilitation counseling
2. Development of basic concepts of philosophical, legal, financial, and administrative aspects of rehabilitation
3. Development of a medical background
4. Psychodynamics of personal and social adjustment
5. Assessment of individual differences
6. Community organization and social casework
7. Vocational and occupational counseling, including occupational information, trends, and placement facilities

The second year was recommended as an internship year with supervised participation in at least three settings, such as a placement agency, rehabilitation agency, or hospital. Seminars to aid the student in the integration of theoretical information with techniques and procedures on the job were recommended as part of the internship program. The report concludes with this summary:

In summary, the development of rehabilitation as a profession has been delayed by adherence to standards outdated since vocational rehabilitation changed from a counseling, training, and placement function to total evaluation and rehabilitation. Civil service standards must be altered to meet these changes, and growth of a professional attitude and philosophy on the part of the present staff and administration must be fostered. The actual work performed by a rehabilitation officer necessitates training far beyond that presently sought or even available. Simplifying the work by subdividing it does not meet the requirements of the situation as it sacrifices the main asset of rehabilitation, namely, the integrated approach to the problems of the disabled person. It is therefore necessary that means of obtaining qualified personnel and of upgrading present

personnel be worked out. An academic program meeting this need has been roughly sketched. Further development of a training program which would make available qualified applicants together with recognition of the need for such personnel on the part of the Personnel Board and the agency itself would be a tangible move toward the professional standards necessary for performance of the duties of a rehabilitation officer. (33, p. 12)

Sapienza (54) conducted a study in 1952 which was aimed at determining the training needs which rehabilitation counselors felt in themselves. The counselor sample was drawn from the New England area. Items were grouped into areas, and the results of the study showed the areas, in order of need, to be:

1. Understanding of human behavior
2. Occupational information
3. Interviewing skills and techniques
4. Techniques of supervision
5. Medical information
6. Psychological testing
7. Community resources
8. Legislation

Counselors have been recruited from several sources, teaching, social work, and various types of psychological work being the most frequent, and have a diversity of types of preparation, including the social sciences, education, guidance, business, and psychology.¹ The type of need expressed in Sapienza's study directly reflected

¹See Tables 1-8, Appendix E for background of counselors participating in this study.

the background of experience and of training of the counselors sampled. That a need related to psychology was one of the most important agrees with DiMichael and Dabelstein's report given earlier. Although the need for a greater number of qualified personnel and the problems involved in training were discussed at meetings of rehabilitation people during this period following World War II, the educational curriculum and its development remained nebulous.

Following the 1954 Vocational Rehabilitation Amendments Act rehabilitation counselor training began to receive the earnest attention of a wider group of people. Writing in 1954, Hahn said:

It is seldom that a new professional speciality develops as rapidly as has rehabilitation counseling. So great has been the spread of development in the past two years that, as yet, we are still feeling our way toward some agreement for appropriate training. Our problem in counseling is not only recent, but it is complicated by the creation of two Civil Service counseling programs at approximately the same time, one, the doctoral program for the Veterans Administration developed as a hospital service, and the other, the Office of Vocational Rehabilitation program, subdoctoral in character and in a non-medical setting. (23, p. 246)

In the same article, Hahn hypothesized that forty to fifty per cent of the training in rehabilitation counseling should be psychological in nature, including personality development and structure, assessment of the individual, learning theory, and interviewing skills; that thirty to forty per cent should relate to social case work, to develop ability to utilize community resources and manipulate the social environment to help the client solve his problems; that about ten per cent should be spent in the area of

medicine, to acquire a medical vocabulary and develop an understanding of the nature of various health conditions; and that five to ten per cent should be on public health, occupational information, and the various therapies. Like Levine and Pence, Hahn recommended a three way internship, but suggested that it be in social case work, psychological, and medical settings and be conducted concurrently with the academic work. The problems involved in responsibility for the educational program complicated by the number of departments contributing to it, Hahn concludes, can only reasonably be solved by developing a new department of rehabilitation counseling in the graduate school with the four or five related curricula contributing to it.

The National Rehabilitation Association Committee on Rehabilitation Counselor Preparation in 1956 (25) also noted that administration of the program presented a problem and at that time was contributing much to the diversity in training. The Committee cautioned, however, that preparation of the faculty was as important an issue as was the department, whether an existing or a newly created one, in which the program was located. Further, it was the thesis of the Committee that the significant content of the curriculum could not be courses in isolation, but had to be integrated and based on the knowledges and skills necessary for the counselor to effectively work with the disabled. The following areas were recommended as those in which such content might be located:

1. Legislative aspects of rehabilitation

2. Human development and behavior
3. Medical aspects of rehabilitation
4. Cultural and psycho-social aspects of disability
5. Psychological evaluation
6. Counseling techniques
7. Occupation and educational information
8. Community resources
9. Placement and follow-up
10. Research and statistics
11. Supervised experience

The supervised experience period would include laboratory experience, field-visiting, partial participation, full participation, and finally internship. The internship would constitute the terminal phase of training in which the student would receive a stipend and have a status equivalent to a junior staff member. Supervised experience, in this way, would be progressive throughout the training period. These recommendations are similar to those discussed earlier in that a variety of settings would be allowed for.

Lee, in 1955 (32) recommended that the education of rehabilitation counselors should draw upon at least nine areas: medical science, psychology, psychiatry, occupational information, counseling and guidance, sociology, social work, law, and education. Gustad (21) also pointed out the diversity of the fields involved and the competitive aspects in the development of a unified program. A number of problems seem to be involved in achieving greater

cooperation among the fields contributing to the training of rehabilitation counselors. The exact contribution of each field, the location and administration of the program, the adjustment of theoretical courses to fit the needs of the counselor are but a beginning.

The colleges and universities receiving Federal teaching grants have studied the problem and attempted to meet it with the facilities and resources available to them. In the absence of accepted standards or of specialized standards established by a professional association for such a curriculum, the Office of Vocational Rehabilitation established the following requirements for institutions cooperating with the Federal Government in rehabilitation counselor training.

1. The training course should be a graduate one of not less than one academic year, and preferably two, leading to a Master's degree.
2. The course of study should be a well balanced interdisciplinary program of classroom courses and supervised clinical practice, and there should be evidence of integration of both aspects in the training of students.
3. The curriculum should include technical information required in counseling and helping physically or mentally disabled persons in their vocational adjustment.
4. The supervised clinical practice or field work should be under the educational direction of the training institution, and standards to assure the competence of field work supervisors should be established and maintained by the training institution. The supervised clinical practice should give the trainee, under skilled supervision, an opportunity for application of theory in the practice of rehabilitation counseling and case management in a rehabilitation setting.

A "rehabilitation setting" is considered to mean an agency or institution operating an organized program of rehabilitation services designed to help physically or mentally handicapped persons function optimally in society within their capacities and limitations. Such a rehabilitation program may exist in a wide variety of agencies or institutions public or voluntary, such as hospitals, clinics, rehabilitation centers, tuberculosis sanatoria, sheltered workshops, public welfare agencies, adjustment centers for the blind, family welfare agencies, crippled children's services, and State vocational rehabilitation agencies. Rehabilitation is considered to encompass the application of all the biological and social sciences and services required to restore persons handicapped by disease, disability or social maladjustment to a maximum feasible level of personal and social well-being and usefulness. (71, p. 2-3)

The rehabilitation counselor education research team of the National Rehabilitation Association is conducting several projects under a Federal Special Project grant. The pamphlet, "Rehabilitation Counselor Preparation," is the only completed project at this time. Five other projects under way are summarized below.

A comprehensive report of the literature in the field of rehabilitation which will identify research in progress and completed on rehabilitation of the disabled and on counselor education in an annotated bibliographical form will be released in the near future.

The basic curricula of physical therapy, occupational therapy, medical social work, psychiatric social work, speech and hearing therapy, clinical psychology, counseling psychology, vocational guidance, education, physical medicine and rehabilitation, and rehabilitation counseling are being examined and classified into categories which will show material common to one or more of the curricula and material which is significant for rehabilitation counseling.

Twenty-five cities are being screened as possible locations of surveys of counselor functions and services.

A comprehensive range of rehabilitation counselor subject material is being unitized and topicalized with supporting

material from textbook, journal, report, and research literature.

Certain academic centers are being selected for an experimental study on curriculum development in rehabilitation counseling. It is anticipated that this project will get under way by July 1, 1957. A follow-up of the counselors trained in the experimental programs will be made to test the validity of the findings. (41, 42, 43)

It is anticipated that these projects will contribute greatly to the acquisition of standards and professional standing in rehabilitation counseling. The last project summarized above, though a long-term one, should produce results of particular value.

In-Service Training Programs

While university and college training programs are getting under way and while initial research is being conducted, rehabilitation agencies are faced with the problem of expanding their services and staffs immediately. The Office of Vocational Rehabilitation, concerned not only with the shortage of personnel from the point of numbers but also with the inadequacy of knowledges and skills of those being employed, inaugurated short-term orientation training institutes in cooperation with universities and state agencies across the country in 1955. The objectives of the institutes were stated in this way:

1. To provide the worker an understanding and appreciation of the broad principles and philosophy of vocational rehabilitation.
2. To acquaint the worker with the historical background of the vocational rehabilitation program, its legal basis and its regulations and policies.

3. To assure the worker of a thorough understanding of his responsibilities and duties in relation to the agency's program and procedures; to acquaint the worker with a knowledge of the skills required in the effective performance of his job.
4. To acquaint the worker with resources and facilities available to him for supervision, consultation, and client services.
5. To stimulate in the worker a sense of belonging to a professional group that functions cooperatively in serving handicapped individuals.
6. To make the worker aware of the need for continuous professional growth and development in order to keep abreast of the best methods and techniques in vocational rehabilitation. (69, p. iii)

The orientation manual (69) included these areas of training: orientation to rehabilitation, including the problem of disability, history and legal basis of the vocational rehabilitation program, concepts of rehabilitation, and relationships to other social programs and professions; the rehabilitation process, including the orderly sequence of services, principles and methods of casework; case development, including case finding, preliminary case investigation, the case study, medical evaluation, social evaluation, psychological evaluation, vocational evaluation, counseling and planning, determining financial need, providing services, selective placement, using consultants, and case recording; non-casework activities, covering effective field work, public relations and public information, office management, preparation and use of reports; standards of casework performance as related to the counselor and supervisor activities; and the counselor as a professional person.

It may be noted that these institutes placed a greater emphasis on the practical, immediate situation, such as the case process, than do the suggested university programs. An evaluation of one of the institutes held in 1956 (5) revealed that counselors felt the demonstrations and field trips to be most valuable, with counseling, philosophy and case recording, and case evaluation, in that order, ranking next. Areas which the counselors felt were inadequately covered or which should have been included and were not, were, in order of importance: psychometric orientation, employer relations, and medical orientation. This evaluation, like Sapienza's study, may reflect the educational background of the counselors.

The Office of Vocational Rehabilitation has also encouraged the states to develop orientation and in-service training programs of their own for the upgrading of personnel. Most states have developed plans for such training, and some have worked out syllabi or manuals for the purpose.

Both the States' Council and the Committee on Guidance, Training, and Placement have participated in the study of state employed rehabilitation counselor training needs. The latter group devised a test during 1955, the purpose of which was ". . . to arrive at an average score of currently employed successful and productive rehabilitation counselors, against which state directors might rate all counselors with a view toward identifying some of the weak areas around which training programs might be developed."

(65, p. 17) The test covered the areas of:

1. Counseling processes
2. Tests and measurements
3. Psychiatric behavior processes
4. Medical information
5. Placement principles

It is at present undergoing refinement and standardization processes, but one state, upon testing successful, experienced counselors and inexperienced counselors, found medical information to be the area of greatest differentiation between the two groups. The question of who is a successful counselor might well be raised. Standards upon which success is based are still largely supervisor ratings and number of cases closed.¹ Rusalem (51) made a nation-wide study on the role of the rehabilitation counselor in 1951. Included in the study was a synthesis of the behaviors of successful counselors, based upon one hundred and five illustrative cases submitted by supervisors. His results showed the common elements to be: knowledge and wide use of community resources; ability to collect complete data of diagnostic significance; understanding of and ability to work with people; and imaginativeness and persistence in following a rehabilitation plan through to its completion. This study and the National Rehabilitation Association project on counselor functions and services offer insight into the educational needs

¹ Number of cases closed is a term which indicates the number of persons carried through the rehabilitation process to its termination. The average number of cases closed per counselor in 1955 was fifty-three (67).

through an analysis of the responsibilities and attributes of the counselor.

CHAPTER III

DESIGN OF THE STUDY

Rehabilitation counselor opinion on the curriculum content in rehabilitation counseling was surveyed by means of a questionnaire. The collection of the initial data upon which the questionnaire was based, the construction and distribution of the questionnaire, and the treatment of the survey data are reported in this chapter.

Gathering of Initial Data

The purpose of the study was to determine what rehabilitation counselors across the country believe to be the essential elements in rehabilitation counseling education. In order to devise an instrument for assessing such opinion, it was necessary to gather initial data on the curriculum content. For these data, the writer turned to the colleges and universities receiving Federal teaching grants for the preparation of rehabilitation counselors, and also to state rehabilitation agencies for on-the-job training programs. Programs from both sources were analyzed first by areas, and then by knowledges and skills within the areas. A synthesis of the materials was made, and the survey instrument was then constructed on the basis of these data. A

discussion of the gathering of data on the academic programs and the in-service programs is presented in the following sections.

Academic programs

Twenty-five colleges and universities receiving Federal teaching grants during the 1955-1956 academic year were contacted by letter. Pertinent information on their programs was requested, and copies of the syllabi or course outlines in the professional courses in rehabilitation counseling were requested. (A copy of the letter to directors of college and university rehabilitation counselor programs is given in Appendix B.)

Information was received from twenty-four of the twenty-five institutions. Of the twenty-four, nineteen sent syllabi, course outlines, or course descriptions which could be used in the preparation of the questionnaire. The remaining five sent course titles or areas of study included in the curriculum.

Curriculum content. The course work was drawn from several departments in all of the institutions and tended to be grouped into major areas. Six areas were relatively well defined. However, the predominance of courses in counseling and testing made it expedient to establish these as separate areas from psychology, the area in which they were most often located. The practica constituted an additional area. The final number of major areas

established for tabulation was nine. These, with some of the types of course content included under each, were:

1. Rehabilitation, General and Specific
(including basic concepts; philosophy; ethics; legal administrative, and financial aspects; problems and trends; professional responsibilities of the counselor; public relations and information)
2. Medicine and the Natural Sciences
(including medical information and backgrounds; incidence, etiology, symptoms, diagnosis, and treatment of various disabling conditions; corrective and restorative techniques; health and hygiene; the various therapies; physiology and anatomy)
3. Psychology (including human development; personality development; social psychology; abnormal psychology; mental hygiene; learning; motivation; problems of the handicapped)
4. Guidance, Counseling, and Interviewing
(including theories and principles; methods and techniques; types of counseling; the various therapies)
5. Assessment of Individual Differences
(including theories and practices in measurement; individual and group testing; mental, personality, aptitude, interest and achievement testing; diagnosis and evaluation)
6. Social Work and the Social Sciences
(including casework principles and practices; community organization and resources; public and private agencies; cultural forces; social disorganization; public welfare; social and economic problems)

7. Occupations (including occupational and educational information; occupational analysis and classification; job requirements; occupational trends; training and placement; labor and management; unions)
8. Statistics and Research (including elementary and advanced statistics; research methods and procedures)
9. Practica (visitations; fieldwork; supervised practice; internship; seminars or team conferences on case problems)

The course content was tabulated by items which were separated into knowledges and skills. A considerable variation in course titles and a great amount of overlapping between areas were found to exist. The course titles and departments were disregarded in the tabulation; the topics and items included in the content outline of the course were the determining factors in the location of the material for tabulation.

Both required and elective courses were included in the tabulation, since a number of institutions required a designated number of hours from each of several given areas and made selection dependent on the background of the student.

The number of institutions including some type of course

in each of the areas given above was:

<u>Area</u>	<u>Number of Institutions</u>
Assessment of Individual Differences	19
Guidance, Counseling and Interviewing	19
Practica	19
Psychology	19
Rehabilitation	19
Occupations	18
Social Work and the Social Sciences	18
Medicine and the Natural Sciences	17
Statistics and Research	12

The proportion of time allowed in the educational program for each of the respective areas varied from institution to institution. An informal analysis of the total number of hours credit required in each area by eighteen of the institutions revealed the following distribution.

<u>Area</u>	<u>Average Per Cent of Total Program</u>
Practica	20
Psychology	17
Guidance, Counseling, Interviewing	13
Assessment of Individual Differences	12
Rehabilitation	10
Occupations	9
Medicine and the Natural Sciences	7
Statistics and Research	3

It should be noted that the above tabulation is only for hours required in the various areas; several institutions required additional

work when the student's background indicated the need. For instance, two institutions required statistics only when the student entered the program with no statistical background.

In-Service Programs

Until the initiation of the college programs specifically directed at preparing rehabilitation counselors, such counselors were recruited from other fields and given on-the-job orientation training. This training necessitated a range of content, adjustable to the varying backgrounds of the incoming counselors. However, most programs were designed to prepare the counselor in handling the essentials of the job as efficiently as possible and as rapidly as was feasible. It is to be expected that as the colleges and universities begin to produce professionally trained rehabilitation counselors the orientation programs will shift in emphasis. The present needs for developing a background in the basic concepts and in the medical, social, psychological, and vocational aspects of rehabilitation are being generally met in the college programs. The aspects of the specific job, such as agency regulations, policies, and routine methods of work, which are not logically located in the college program, will continue to be needed in on-the-job orientation.

At the time of the present study, on-the-job orientation programs had not yet experienced a shift in emphasis as a result of the pre-employment training in the college setting. To the contrary, the expanding demand for rehabilitation counselors during the

1954-1956 interval produced intensified efforts in programs for orientation training in which both states and the Federal Government participated. Since orientation programs were aimed at covering the basic essentials of rehabilitation counseling, the content of these programs was surveyed to ascertain the knowledges and skills included. The content of the regular staff development programs, which was aimed at the professional development and upgrading of all counselors, was also surveyed.

The manual, syllabus, or outline used in orientation training was requested of the directors in each of the forty-eight states and the District of Columbia. In addition, materials used in staff development training were also requested. (A copy of the letter to state directors of vocational rehabilitation is given in Appendix C.)

Forty-eight of the forty-nine directors responded to the survey letter. Thirty-one sent materials which could be used in a tabulation of the knowledges and skills included in on-the-job training, and the remaining seventeen indicated procedures used, but did not include materials. Of the seventeen, however, eight gave the references on the materials which they used. Since these were available, the final number of states included in the tabulation of in-service training content was thirty-nine.

Content of the programs. The content of the materials from the orientation programs and the staff development programs were combined for tabulation purposes. The content of the materials tended to be grouped into nine major areas. These areas were

retained for tabulation purposes, and the items were tabulated as knowledges and skills under each area. The following list of the areas includes the types of items classified under each area.

1. Philosophy and History of Rehabilitation (including backgrounds, objectives, scope, problems and trends)
2. Legislative, Administrative, and Financial Aspects of Rehabilitation (including organization and structure, Federal and state legislation; laws, agreements, and cooperation with other agencies; fees; reimbursements and budgets)
3. Medical Aspects of Rehabilitation (including specific knowledge of the various disabilities; medical terms; medical practices and specialty fields; therapies and their application; role of medical consultants; interpretation of medical reports)
4. Vocational Aspects of Rehabilitation (including occupational and educational information; job requirements; vocational diagnosis and planning; training methods and facilities; placement facilities; selective placement; supervision)
5. Social Aspects of Rehabilitation (including social and economic factors influencing handicapping conditions; diagnosis and determination of need; community organization; cooperating agencies and resources)
6. Psychological Aspects of Rehabilitation (including human behavior; motivation; learning; psychometrics; role of psychological consultants; interpretation of psychological reports)
7. Counseling and Interviewing (including in-take interviewing; counseling special groups of the disabled; principles and techniques in counseling; follow-up interviewing; interviewing employers; utilizing counseling information; evaluation of counseling effectiveness)
8. Casework (including principles and techniques of casework services to clients; case finding and preliminary investigation; case processes; standards for accepting cases, classification of status; maintaining case load; case recording; case closures; making referrals)

9. Professional Activities of the Counselor (including duties and responsibilities; ethics; relationships with other professional personnel; public relations and information)

Although the content tended to be grouped into the above areas, variation was found among the states in organization of the material. A number of states combined the areas on the medical, vocational, social, and psychological aspects of rehabilitation with the area on casework. Several other states combined the historical and legislative aspects. Topics and items in the content outline of the programs were the determining factors in the location of the material for tabulation.

The number of state agencies out of thirty-nine including some type of content in each of the above areas was:

<u>Area</u>	<u>Number of Agencies</u>
Casework	39
Legislative, Administrative and Financial Aspects	39
Medical Aspects	36
Philosophy and History	36
Psychological Aspects	36
Vocational Aspects	35
Professional Activities of the Counselor	34
Counseling	33
Social Aspects	29

The proportion of time allowed in the training program for each of the content areas was reported by only ten of the thirty-nine directors. An informal analysis of the importance of the areas by per cent of time allowed for each was made for these ten states. The following distribution was found.

<u>Area</u>	<u>Average Per Cent of Total Program</u>
Casework	30
Legislative, Administrative and Financial Aspects, combined with Philosophy and History	20
Professional Activities of the Counselors	15
Counseling	9
Vocational Aspects	9
Psychological Aspects	8
Medical Aspects	7
Social Aspects	2

Comparison of the Programs

The college programs and on-the-job programs had several areas of similarity. History, basic concepts, objectives, and Federal legislation were common to the two types of training. The medical, social, psychological and vocational aspects of rehabilitation were treated in both programs; but the colleges placed a greater emphasis on generalities and theoretical knowledge, while state agencies were more concerned with specifics and the application of these aspects to casework.

The chief area of difference was in the proportion of time devoted to psychology as opposed to casework. Approximately forty-two per cent of the college programs were made up of courses in counseling, testing, and various related courses in psychology. State agencies spent approximately one-third of the total time on the casework processes, including case finding, preliminary investigation, developing and executing a rehabilitation plan, terminating the case, and follow-up. State agencies also emphasized the use of

professional consultants, interpretation of their reports, and integration of all aspects into a total rehabilitation plan. Topics such as individual state rehabilitation legislation, legislation related to rehabilitation, and agency policies and regulations were unique to the state programs.

Construction of the Questionnaire

The tabulations of knowledges and skills in the major area headings from the college curricula in rehabilitation counseling and from state agency on-the-job training programs formed the basis for the construction of the survey instrument. The areas set up for the college curricula were combined with those for on-the-job training programs. Readings on the various subject areas provided an additional check against the adequacy of the content in each. The overlapping and the voluminous number of items made it necessary to combine them into a workable whole. All items were reworked and synthesized.

Following this procedure, each area was presented to a professional person or persons in the field concerned, for editing and for checking coverage and completeness of the content.

The items were then arranged into questionnaire form. In order to achieve the goal of determining the relative essentiality of the areas and the items within the areas, three choices were established: not necessary, desirable, and essential.

Respondents were asked to mark the not necessary choice

if they felt the item was not needed in the college preparation of the rehabilitation counselor. They were asked to mark the desirable choice if they felt the item would be desirable but could be dispensed with in a minimum program. Lastly, they were asked to mark the essential choice if they felt the item was necessary in the college preparation of the rehabilitation counselor.

A blank to allow for write-ins of additional knowledges and skills not listed was provided for each area. The questionnaire was concluded with an open-ended question asking for the length of time needed for the supervised practice period, and asking for comments on the curriculum as a whole.

Certain items of personal information were requested of respondents for the purpose of determining the influence of such variables on the responses. These items included:

- Type of disability counseled
- Age
- Length of time on the job as a rehabilitation counselor
- Source of rehabilitation counselor training
- Level of education
- Major area of preparation
- Previous job

A pilot run of the questionnaire was conducted with five rehabilitation personnel in Oregon participating. Three of the five were rehabilitation counselors, and two were supervisors of rehabilitation counselors. Their recommendations for rewording, elimination, combination, or addition of items were incorporated into the final revision of the questionnaire. At the suggestion of the pilot group a comment column was added to provide the opportunity for

remarks or reservations the respondent might wish to make, and the lead question, "What knowledges and skills should be included in the college training program for rehabilitation counselors?" was repeated at the top of each page of the questionnaire.

The final revision included the following areas. The number of items under knowledges and skills in each area is also shown.

<u>Area</u>	<u>Number of Items</u>		<u>Total</u>
	<u>Knowledges</u>	<u>Skills</u>	
Rehabilitation; History, Philosophy, Legal and Administrative Aspects	27		27
Medical and Related Areas	24	6	30
Psychological and Related Areas	29	6	35
Counseling and Interviewing	11	15	26
Testing	10	7	17
Social and Community Aspects	9	7	16
Occupations and Occupational Information	26	9	35
Case Work	8	5	13
Research and Statistics	7	6	13
Professional Activities of the Counselor	8	7	15
Fieldwork:			
Visitations and observations		15	
Supervised practice		10	25
Total Number of Items	159	93	252

(A reproduction of the questionnaire appears in Appendix D.)

Distribution of the Questionnaire

The final revision of the questionnaire was mailed to three groups of rehabilitation counselors: state employed counselors, privately employed counselors, and Veterans Administration counselors.

(A copy of the letter to rehabilitation counselors is presented in Appendix C.)

State counselors

The state employed counselors were contacted through the supervisors of guidance, training, and placement in state agencies of vocational rehabilitation in the forty-eight states and the District of Columbia (63). A ten per cent sample of the approximately 1,350 counselors in these agencies was selected on a distributed state basis. Of the one hundred and thirty-six forms that were mailed, one hundred and thirteen or eighty-three per cent, were returned. It was necessary to eliminate one because of incompleteness, and two others were returned too late to be included in the tabulations, thus making one hundred and ten the final number participating, or about eighty-one per cent of those contacted. This number represented slightly better than eight per cent of the total group. The geographical distribution of the final return covered forty-five of the forty-nine state agencies included in the study.

Private counselors

The privately employed counselors were contacted through the directors of rehabilitation centers. Forty-one centers, representing twenty-two states across the country, were selected from the membership of sixty centers listed by the 1954 and 1955 Conferences

on Rehabilitation Centers (10). Nineteen centers were eliminated for reasons of being outside the geographical boundaries of the United States, or of being teaching, research, or hospital centers.

Replies were received from thirty-four of the forty-one directors. Of the thirty-four centers, two were no longer in operation, and fourteen had no rehabilitation counselor on the staff at the time of the contact.

Eighteen completed forms, representing eighteen centers and twelve states, were returned. They were completed by privately employed rehabilitation counselors, or others acting in the role of the privately employed rehabilitation counselor. Three were state employed rehabilitation counselors who were released from the state agency to provide rehabilitation counseling service in the center. The number in each category is shown below.

<u>Form Completed By:</u>	<u>Number of Respondents</u>
Rehabilitation counselors	10
State employed rehabilitation counselors released from the state agency for rehabilitation counseling in the center	3
Other staff members, such as the social worker or psychologist, who had combined duties which included rehabilitation counseling	5
Total	18

Veterans Administration counselors

The Veterans Administration rehabilitation counselors were contacted through the chief of the counseling section, vocational

rehabilitation and education, in each of the sixty-three Veterans Administration regional offices and centers throughout the United States. Counselors functioning in these settings were classified as counseling psychologists, vocational rehabilitation and education.

Completed questionnaires were received from fifty-six of the sixty-three regional offices and centers contacted and represented forty-two states. Six of the completed forms did not arrive in time for tabulation, and fifty was the final number included in the study for this group.

Summary

The following is a summary of the three participating groups of rehabilitation counselors.

<u>Group</u>	<u>Number Forms Distributed</u>	<u>Number Replies</u>	<u>Number Usable Returns</u>	<u>Per Cent of Total</u>
State employed counselors	136	113	110	80.8
Privately employed counselors	41	34	18	*
Veterans Administration counselors	63	56	50	79.4

*The eighteen returns represent 100 per cent of the thirty-four replies, or 82.9 per cent of the forty-one centers contacted. The closing of two centers and the absence of rehabilitation counselors in the remaining fourteen constitute the difference in per cent.

The geographical distribution of each of the three groups by states is shown in Table 25, Appendix E.

Analysis of the Data

The survey data were analyzed by the techniques of the weighted mean and rank order of importance. The treatment of the data, the personal data variables, and the method of developing the proposed program of minimum essentials are presented in the following sections.

Treatment of the data

The responses of each of the three counselor groups were treated separately. Following an IBM tabulation of minor and major totals, a weighted score for each item was derived. This score was based on a numerical weight assigned each of the three choices for the item. The "not necessary" choice was given a weight of zero; the "desirable" choice was given a weight of one; and the "essential" choice was given a weight of two.

The weighted score for each item was divided by the number of respondents to secure a weighted mean. A frequency table of weighted means with twenty step-intervals of .10 each was then constructed, and the items were tallied by major areas.

The weighted means and the resulting rank order of the items allowed for interpretation of the relative importance of the items. However, cut-off points for essentiality and non-essentiality of items were necessary for a more detailed analysis of the results.

The cut-off point for determining essentiality was arbitrarily set at the lower limits of the fourth quartile of the frequency

table, a point at which an item was placed when over fifty per cent of a group agreed it was essential. Items in the fourth quartile were then classified as essential.

The cut-off point for non-essentiality was set at the upper boundry of the second quartile of the frequency table. Items in the first and second quartiles represented either agreement on non-essentiality or disagreement on non-essentiality, desirability and essentiality by fifty per cent or more of a group. Items in these two quartiles were classified as non-essential.

The third quartile of the frequency table included items considered desirable by the majority of a group, or those which lacked sufficient agreement to place them in either of the other two classifications. Items in the third quartile were classified as desirable.

A combined weighted mean was derived for each area, and the areas were then placed in order of magnitude to establish their rank order of importance.

Comparisons across areas and between groups were possible as a result of the weighted mean, which was treated as a type of standard score. The cut-off points for non-essentiality, desirability, and essentiality were also standard for all areas and all groups.

Personal data variables

The following personal data were requested:

- Agency in which employed
- Types of disability counseled
- Age
- Length of time of the job
- Source of rehabilitation counselor training
- Level of education
- Major area of preparation
- Previous occupation

The types of agencies in which the counselors were employed were state, private, and Veterans Administration. The responses to the questions were treated according to these three groups. Only two per cent of the counselors worked with a specific disability group more than fifty per cent of the time, and this category was eliminated. The remaining personal data variables were run by counselor groups and are described in the following section. Because of the small number in the privately employed counselor group, a major total only was run for that group.

The personal data variables with the number and per cent for each counselor group are presented in Tables 1 through 7 in Appendix E.

Age of counselor. Three categories were established for age of the counselor: below thirty years; thirty through forty-nine; fifty years and over. In the state employed group six per cent were below thirty, seventy-one per cent in the thirty through forty-nine age group, and twenty-three per cent in the fifty and over age group. All three categories were run for state employed counselors. Sixty-two per cent of the Veterans Administration counselors were ages thirty through forty-nine, and the remaining thirty-eight per cent were fifty or over. Only these categories were run for this counselor group.

Length of time on the job. Three categories were established for the length of time on the job: one year or less; from one through three years; and over three years. In the state employed

counselors, five per cent had been employed less than one year; twenty-four per cent, one through three years; and sixty-eight per cent, over three years. All three categories were run for this counselor group. Ninety-six per cent of the Veterans Administration counselors had been employed over three years, and this variable was not run for them.

Source of rehabilitation counselor training. The personal data blank provided four categories for source of rehabilitation counselor training: college rehabilitation training program; on-the-job orientation and staff development training; institutes and workshops on rehabilitation; and additional college work after becoming a counselor to facilitate and enhance professional growth. Only two per cent of the total of all groups marked the college rehabilitation program, and this category was eliminated. Thirty per cent of the state employed counselors marked on-the-job orientation only, and the remaining marked either or both institutes and additional college work in addition to on-the-job training. Two categories were then established for state counselors: job training only, and on-the-job training plus institutes and additional college work. Ninety-four per cent of the Veterans Administration counselors marked the second of these two, and the variable was not run on this group.

Level of education. Four categories were given for level of education: less than four years of college; bachelor's degree; master's degree and doctor's degree. Less than four per cent of the

state employed counselors marked either the first or the last of these categories. Fifty per cent had bachelor's degrees and forty-five per cent had master's degrees. Only these last two categories were run for the state counselor group. Seventy per cent of the Veterans Administration counselors had master's degrees and twenty-two per cent had doctor's degrees, and only these two categories were run.

Major area of preparation. This item was stated as an open-ended question. Responses were tabulated and then grouped into these areas:

1. Psychological and related areas (including psychology, guidance, personnel, counseling)
2. Social and related areas (including social work and the social sciences)
3. Education (including teaching majors in all fields, educational administration and supervision)
4. Miscellaneous (including law, modern languages, English, business administration, physical and natural sciences)

These four categories were run for state employed counselors. Sixty-four per cent of the Veterans Administration counselors majored in psychology and related areas and twenty-eight per cent majored in education. Only these two categories were run.

Previous job. This item was also stated as an open-ended question, and the same procedure was used in establishing the following categories.

1. Teaching (This group included a number of elementary and secondary public school teachers and several teachers from private schools and higher education.)

2. Counseling, advising, interviewing, or work of a related psychological nature.
3. Administrative or supervisory work (This group included school superintendents and principals, and directors and supervisors from various public and private agencies.)
4. Miscellaneous (This group represented about twelve per cent of all respondents, and included such work as minister, lawyer, commercial fisherman, and small businessman.)

All four of these categories were run for state counselors. Forty-four and forty-two per cent of the Veterans Administration counselors were in the second and third groups respectively, and only these two were run for them.

Geographical Area. The geographical area of the United States was divided into four sections on the basis of the 1950 Bureau of the Census population report. The major divisions were the North East, North Central, South, and West. Each of these four geographical divisions were established as categories and were run for both the state employed and the Veterans Administration counselor groups.

Summary. The three groups of counselors were treated separately, and the following major and minor totals were run:

<u>Group</u>	<u>Personal Data Variables</u>	<u>Number of Categories Run</u>
State employed counselors	Major total	1
	Minor totals:	
	Age	3
	Length of time on job	3
	Source of training	2
	Level of education	2
	Major area of preparation	4
	Previous job	4
	Geographical area	4
Privately employed counselors	Major total only	1
Veterans Administration counselors	Major total	1
	Minor totals:	
	Age	2
	Level of education	2
	Major area of preparation	2
	Previous job	2
	Geographical area	4

A program of minimum essentials

A program of minimum essentials was developed on the basis of the analysis and classification of items and areas. Only items which met all three of the following criteria were included in the proposed program:

1. The item had a weighted mean placing it in the essential classification.
2. Consensus on essentiality of the item was held by at least two of the counselor groups.
3. No counselor group placed the item in the non-essential classification.

A weighted mean representing the combined responses of the three counselor groups was derived for each of the eleven areas included in the questionnaire. On the basis of these means, the areas were placed in order of magnitude to establish their rank order of importance in the rehabilitation counseling curriculum.

CHAPTER IV

FINDINGS OF THE STUDY

This chapter is devoted to an analysis of the counselor responses to the major areas included in the questionnaire. Each of the major areas is presented as a section, and appear in the following order:

- I. Rehabilitation
- II. Medical and Related Areas
- III. Psychological and Related Areas
- IV. Counseling and Interviewing
- V. Testing
- VI. Social and Community Aspects
- VII. Occupations and Occupational Information
- VIII. Casework
- IX. Research and Statistics
- X. Professional Activities of the Counselor
- XI. Fieldwork and Supervised Practice

Within each major area a table showing the knowledges and skills included in that area on the questionnaire is presented. Also shown on the table is the classification of not necessary, desirable, or essential given each knowledge and skill by the three groups of counselors. "S" is the symbol used to indicate state counselors; "P" indicates private counselors; and "V" indicates Veterans Administration Counselors.

The analysis of counselor responses follows the table, and is presented in two subsections: the first on counselor evaluation of the area, and the second on variations found in counselor responses.

Comments on individual areas were written by a total of

approximately fifty per cent of the counselors. These are summarized for each section only when as many as three or more counselors wrote the same or similar comment.

The weighted means for those knowledges and skills considered essential and non-essential by the three counselor groups are presented in Tables 8 through 24 in Appendix E.

Area I: Rehabilitation

The area of rehabilitation, per se, covers the knowledge of the history, philosophy, legal and administrative aspects of rehabilitation. Also included is the knowledge of the problems and trends, terms and concepts, the rehabilitation process, and rehabilitation programs in various agencies and institutions. Twenty-seven knowledges constitute this area. No skills are included.

TABLE 1

REHABILITATION

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
----------------	-----------------	-----------------------	----------------	----------------

Knowledge and understanding of:

- | | |
|---|-----|
| 1. Federal legislation on rehabilitation, including structure, interpretation, and history | SPV |
| 2. Early Federal legislation leading to rehabilitation laws, such as Workman's Compensation, etc. | SPV |

TABLE 1 (Continued)

REHABILITATION

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
3.	Present Federal legislation related to rehabilitation, such as Public Assistance, Public Health, etc.		V	SP
4.	Rehabilitation legislation in the various states	SV	P	
5.	Related legislation in the various states, such as Industrial Accident, Second Injury, etc.	SPV		
6.	Organizational set-up of Federal, state and local rehabilitation programs (relationships between, functions, operation, costs, etc.)		SPV	
7.	Social movements leading to rehabilitation programs	SPV		
8.	Comparison of U.S. rehabilitation programs with those in other countries, such as United Kingdom, etc.	SPV		
9.	Current problems and trends in rehabilitation		P	SV
10.	Philosophy of rehabilitation, including evolution of, principles, concepts and goals at Federal and state levels		V	SP
11.	Terminology and concepts of:			
	(1) Total rehabilitation-Vocational rehabilitation			SPV
	(2) Handicap-Disability			SPV
	(3) Eligibility-Feasibility-Employability			SPV
	(4) Vocational training-Vocational adjustment			SPV
	(5) Vocational guidance-Vocational counseling			SPV
12.	The rehabilitation process (sequence of services, concept of, etc.)			SPV
13.	Rehabilitation Centers in the U.S. (their purposes, facilities, etc.)		SPV	
14.	The role of the various professions in rehabilitation		SPV	

TABLE 1 (Continued)

REHABILITATION

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
15.	Rehabilitation programs in:			
(1)	Large businesses	V	SP	
(2)	Educational institutions		SPV	
(3)	Veterans' Administration		SPV	
(4)	Governmental agencies, such as Public Welfare, Industrial Accident Commission, etc.		SPV	
(5)	Public institutions, such as prisons, mental hospitals, deaf, blind, mentally retarded, etc.		SPV	
(6)	Volunteer agencies and foundations such as Crippled Children, Tuber- culosis, etc.		SV	P
(7)	U.S. Employment Service		V	SP
(8)	Community civic and social organizations		SPV	
(9)	Public and private clinics and workshops		SPV	

Counselor evaluation of the area of rehabilitation

The area of rehabilitation was given a total rank of eighth in importance among all other areas. Counselors were in agreement that terminology and concepts in rehabilitation as well as the rehabilitation process were essential knowledges. A majority of the counselors also felt philosophy, problems and trends, Federal legislation on rehabilitation, and rehabilitation programs in employment agencies were essential knowledges.

Considered non-essential by all counselors were knowledges

relating to the history of rehabilitation, rehabilitation in other countries, and related rehabilitation legislation in the various states. The remaining knowledges in this area were ranked as desirable by most counselors.

Variations in counselor responses to the area of rehabilitation

The counselors did not diverge widely on the rank each assigned the area of rehabilitation. Private and Veterans Administration counselors ranked it seventh, and state counselors ranked it ninth.

A discrepancy was found in counselor responses on the knowledge of Federal legislation on, and Federal legislation related to, rehabilitation. The latter was considered essential by state and private counselors, but they marked the former as desirable rather than essential. Veterans Administration considered both these knowledges desirable. The former was stated as, "Federal legislation on rehabilitation, including structure, interpretation and history." Inasmuch as all items relating to the history of rehabilitation were marked as non-essential, the inclusion of the word "history" in the statement of the item may have influenced the placement it was given.

Veterans Administration counselors disagreed with the state and private counselors that philosophy of rehabilitation was essential. Only those Veterans Administration counselors who held doctor's degrees, who had majored in education, and who were in the thirty to forty-nine age group felt philosophy to be essential.

In contrast to the state and Veterans Administration counselors, the private counselors considered the knowledge of rehabilitation programs in volunteer and private agencies necessary. However, this and rehabilitation programs in other types of agencies were sources of disagreement among the state and Veterans Administration counselors. Counselors fifty years and over considered a majority of the various agency programs essential, as did those whose college major had been in social work and the social sciences. Veterans Administration counselors who had majored in education marked most of these programs essential also. In addition to those appearing on the questionnaire rehabilitation programs in the following agencies were suggested by various respondents:

- Armed Forces
- Labor organizations
- Churches and religious organizations
- Insurance agencies

The knowledge of the policies and procedures regarding immigrants was also suggested as necessary.

Comments by respondents indicated they felt much of the material in this area could be handled in a survey course. Others indicated they felt that because state legislation and rehabilitation programs in various agencies vary from state to state, these knowledges could be taught more satisfactorily in on-the-job orientation training.

Area II: Medical and Related Areas

Medical and related areas cover twenty-four knowledges

related to the various disabilities; medical facilities and resources; fields and practices in medicine; medical terminology; and concepts in related areas. The six skills which complete the area include interpreting and using medical data; locating and using medical information, resources and facilities; and working with medical personnel.

TABLE 2
MEDICAL AND RELATED AREAS

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
<u>Knowledge and understanding of:</u>				
1.	The nature and extent of disability			SPV
2.	The field of medicine, including history, practices, ethics, special branches of, such as urology, etc.	PV	S	
3.	Legal aspects of medicine, including legal relation to rehabilitation	V	SP	
4.	Recent trends and advances in medicine, and implications for and contributions to rehabilitation		SPV	
5.	Resources for securing medical information and services			SPV
6.	Purposes and values of preliminary and special medical examinations			SPV
7.	The incidence, causes, and symptoms of the various disabilities and disorders, such as blindness, heart disease, the various surgeries, psychosomatic, etc.		SPV	
8.	Specialized treatment and therapies for the various disabilities and disorders		SPV	
9.	Diagnosis and evaluation of disability		V	SP
10.	Residual effects and functional potential for the various disabilities and disorders			SPV
11.	Procedures and techniques for preventing, correcting, reducing, stabilizing			

TABLE 2 (Continued)

MEDICAL AND RELATED AREAS

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
	the various disabilities	P	SV	
12.	Resources and facilities for physical restoration		V	SP
13.	Procedures and values of the various therapies, such as physical therapy, speech therapy, etc.		SV	P
14.	Types, uses and evaluation of aids for the disabled, such as braces, prostheses, wheelchairs, etc.	P	V	S
15.	Medical terminology and procedures for reporting		SPV	
16.	Relationships of physician-client & physician-counselor		V	SP
17.	Role of the medical consultant			SPV
18.	Basic concepts and terminology in the related areas of:			
	(1) Kinesiology (principles of motion, relation of function to structure, etc.)	SPV		
	(2) Physiology (organic processes and functions, their relation to health and disease)		SPV	
	(3) Anatomy (structure and parts of the body)		SPV	
	(4) Biochemistry (chemical composition of substances of the body, chemical processes)	SPV		
	(5) Pathology (analysis of diseases, changes produced by disease, etc.)	SPV		
	(6) Corrective Physical Education (use of sports and exercises to correct, retard, stabilize disability)	SPV		
	(7) Nursing	SPV		
<u>Ability and skill in:</u>				
20.	Reading and interpreting medical literature and reports		V	SP

TABLE 2 (Continued)

MEDICAL AND RELATED AREAS

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
21.	Integrating medical data with all other types of data			SPV
22.	Meeting and working with medical personnel; knowing when to call in medical personnel			SPV
23.	Interpretation of medical information to client		PV	S
24.	Locating and using medical information, medical resources, and medical facilities		V	SP
25.	Adjusting other phases of rehabilitation to medical treatment, such as treatment and training together			SPV

Counselor evaluation of medical and related areas

The medical area was ranked tenth as compared with all other areas. Consensus among counselors was found for the essentiality of knowledge concerning the nature and extent of disability, medical resources, medical exams, residual effects and functional potential of the various disabilities, and the role of the medical consultant. A majority of the counselors agreed on the essentiality of a knowledge of evaluation of disability and physical restoration resources.

Skills considered essential by all counselors related to integration of medical data with all other data, adjusting other

phases of rehabilitation to medical treatment, and working with medical personnel. The skill of locating and using medical information and resources was considered essential by a majority of the counselors.

Counselors agreed that the knowledge of basic concepts and terminology in the related areas of kinesiology, biochemistry, pathology, corrective physical education, and nursing was non-essential. A majority of counselors also considered the knowledge of the fields and practices in medicine to be unnecessary.

Variations in counselor responses to medical and related areas

The medical area was ranked tenth by both state and private counselors, while the Veterans Administration counselors ranked it eighth. Although the Veterans Administration counselors ranked it higher, they marked fewer items essential. Those Veterans Administration counselors from the North Central section of the country considered no item essential, while those from the South were in agreement with state and private counselors on essential knowledges and skills.

State counselors fifty years of age and over, and those from the North East section of the country, felt the medical area to be more important than did any other category of counselors. They were consistent in marking as essential those knowledges which would give the rehabilitation counselor a broader background in the medical area. Included were recent trends and advances, the various therapies, and medical terminology.

The three counselor groups were in disagreement on the essentiality of a knowledge of types and uses of aids for the disabled. State counselors considered this knowledge essential, while private counselors considered it non-essential. Veterans Administration counselors considered it desirable.

Comments which were written in indicated that a number of counselors felt some of the knowledges and skills in this area infringed on the medical field. They felt the learnings in the medical area should be pursued only so far as is necessary to develop a basic understanding for working with medical personnel and for interpreting medical aspects in relation to the total rehabilitation process. Several counselors suggested the area be presented in a general course only; others suggested that the necessary learnings be presented by the medical consultant in on-the-job training.

Area III: Psychological and Related Areas

The twenty-nine knowledges and six skills in this area pertain to those aspects of psychology and related areas which do not include counseling or testing. Counseling and testing are presented as separate areas. Among the knowledges in the psychological area are human development, human behavior, personality disorders, psychological theories, and the impact of the disabled on the individual. Skills deal primarily with recognizing deviant behavior, interpreting and using psychological data, and working with professional personnel.

TABLE 3
PSYCHOLOGICAL AND RELATED AREAS

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
<u>Knowledge and understanding of:</u>				
1.	Psychology as a discipline; fields of psychology		SP	V
2.	Basic concepts and terminology in related areas of:			
	(1) Psychosomatics (relation between psychological processes and physical functions)		SV	P
	(2) Mental Hygiene (principles in; prevention of mental illness)		SP	V
	(3) Psychiatry		SPV	
3.	Human development (physical, mental, social, emotional growth, problems in, concepts of, etc.)		SP	V
4.	Human behavior:			
	(1) Concepts of			SPV
	(2) Needs, drives, urges of individuals			SPV
	(3) Stresses, frustrations, conflicts			SPV
	(4) Perception and concept of self and of others			SPV
	(5) Barriers to adjustment			SPV
	(6) Individual differences in behavior			SPV
	(7) Experiments and research in	S	PV	
5.	Adjustive mechanisms, such as rationalization, projection, compensation, etc.			SPV
6.	Theories of intelligence		SPV	
7.	Theories of interests		SP	V
8.	Theories of personality		S	PV
9.	Theories of learning		SP	V
10.	Processes involved in and related to learning, such as memory & forgetting, transfer of training, motivation		SP	V
11.	The works of the major contributors to theories of personality, such as Freud, Jung, Adler, etc.	SP	V	
12.	The incidence, causes and symptoms of the various personality disorders, such as the neuroses, psychoses, etc.		S	PV

TABLE 3 (Continued)

PSYCHOLOGICAL AND RELATED AREAS

Item Number	Item Content	Not Necessary	Desirable	Essential
13.	Prognosis, treatment, and facilities for care of the various personality disorders		SP	V
14.	Mentally retarded (classifications of; incidence, etc.)		SV	P
15.	Mentally gifted (identification of; opportunities, etc.)		SPV	
16.	Institutional care for the mentally ill and the mentally retarded, including facilities, practices, etc.		SPV	
17.	Procedure, function and implication of commitment	SPV		
18.	Impact of disablement on the individual:			
	(1) Effects on behavior			SPV
	(2) Adjustments necessary			SPV
	(3) Personality problems associated with the various disabilities			SPV
	(4) Interpretation of influencing factors, such as age when disability occurred, body image and self-concept, attitudes, etc.			SPV
<u>Ability and skill in:</u>				
20.	Reading and interpreting psychological literature and reports		S	PV
21.	Recording and integrating psychological data with all other types of data			SPV
22.	Recognizing the personality problems of a client			SPV
23.	Locating and using psychological information and resources; making referrals			SPV
24.	Meeting and working with professional psychological personnel; knowing when to call in the psychologist			SPV
25.	Interpreting psychological information to the client			SPV

Counselor evaluation of psychological and related areas

Counselors ranked the psychological area fourth in importance as compared with other areas in rehabilitation counselor education. Agreement on essentiality was found for a knowledge of human behavior, adjustive mechanisms, and the impact of disablement on the individual. A majority of the counselors also felt theories of personality and the various personality disorders were essential knowledges. Agreement on the non-essentiality of commitment procedures was found. Most of the counselors also felt the works of the major contributors to personality theories was not necessary.

Skills classed as essential by all counselors related to interpretation, recording, and integrating psychological data; locating and using psychological information and resources; and meeting and working with professional psychological personnel. The skill of reading and interpreting psychological literature and reports was considered essential by a majority of the counselors.

Variations in counselor responses to psychological and related areas

Veterans Administration counselors ranked the psychological area second in importance, while both state and private counselors ranked it fifth. Disagreement centered around concepts in mental hygiene, theories of interests and of learning, and human development, which Veterans Administration counselors considered essential knowledges and which the other counselors considered desirable rather than essential.

A knowledge of the treatment of the various personality disorders was also considered essential by the Veterans Administration counselors, but marked desirable by other counselors. However, state counselors were in greater disagreement on this item than on any other. Those who were thirty to forty-nine years of age, who had majored in psychology, and whose previous work had been in counseling agreed with the Veterans Administration counselors that this item was essential.

Only the private counselors marked a knowledge of the mentally retarded as being essential. Other counselors who were in the thirty to forty-nine age group and who had doctor's degrees also considered this knowledge essential.

Comments which were written in by counselors indicated they felt that emphasis on theory should be reserved for training of the clinical psychologist. Several counselors also noted that teachings in the psychological area should be related directly to the handicapped.

Area IV: Counseling and Interviewing

The area of counseling and interviewing is made up of eleven knowledges and fifteen skills. The knowledges deal with the history, principles and practices of counseling; the various therapy methods; and counseling tools and techniques. The skills relate to counseling techniques and processes.

TABLE 4
COUNSELING AND INTERVIEWING

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
<u>Knowledge and understanding of:</u>				
1.	History and background of counseling		SPV	
2.	Theories of counseling, such as direc- tive, non-directive			SPV
3.	Principles and techniques of counse- ling, including advantages and limitations			SPV
4.	Types of counseling, such as personal, marital, etc.		SP	V
5.	Adaptation of counseling to the various age groups, such as adolescent, adult, aged			SPV
6.	Nature and types of problems encountered in counseling			SPV
7.	Relation of counseling to other types of study of client			SPV
8.	Relationships between client and coun- selor, such as motivation, transference, etc.			SPV
9.	Theories of, concepts of, uses and values of the various therapy methods, such as psychotherapy, group therapy		SP	V
10.	Counseling tools, such as auto- biography, tests, etc.			SPV
11.	Counseling programs in the various public and private agencies, industry, schools and churches		SPV	

Ability and skill in:

13.	Establishing rapport with the client			SPV
14.	Locating strengths and weaknesses of client			SPV
15.	Motivating the client			SPV
16.	Modifying attitudes of the client			SPV
17.	Managing transference			SPV
18.	Decision making			SPV

TABLE 4 (Continued)
COUNSELING AND INTERVIEWING

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
19.	Notetaking and record keeping		V	SP
20.	Closing a counseling session			SPV
21.	Conducting initial interviews			SPV
22.	Synthesizing and recording counseling data			SPV
23.	Counseling in various types of settings, such as office, home, agency, etc.		PV	S
24.	Counseling persons with various disabilities, such as blind, amputee, mentally retarded, etc.			SPV
25.	Using the various therapy methods, as psychotherapy, etc.	S	PV	
26.	Using the various types of counseling, as personal, marital, vocational, educational, etc.		SP	V
27.	Interviewing other professional personnel connected with the case		V	SP

Counselor evaluation of the area of counseling and interviewing

The total rank accorded the area of counseling was first as compared with all other areas. Counselor consensus was found for the knowledge of the theories, principles, and practices of counseling; the various therapy methods; and counseling tools and techniques.

Skills considered essential dealt primarily with counseling techniques and processes. A majority of the counselors also considered skill in interviewing other professional personnel connected

with the case as essential.

Counselors found no knowledge non-essential, and no skill was considered non-essential by a majority of the counselors.

Variations in counselor responses to the area of counseling and interviewing

Private counselors ranked this area first, and Veterans Administration counselors ranked it second. State counselors gave it fourth place.

Little variation within counselor groups was found for the counseling area. The knowledge of types of counseling and the various therapy methods was classed as essential by the Veterans Administration counselors, but was consistently marked desirable by other counselors.

The only group marking any item in the entire area of counseling as non-essential was the state counselors. They considered the ability to use the various therapy methods unnecessary, while the other counselors considered it desirable. Comments on this item indicated counselors felt skill in the various therapy methods is not a part of the job of the rehabilitation counselor, and further, that the extensiveness of other learnings coupled with the time factor do not allow for sufficient training to qualify him to perform in this area.

Comments on counseling as a whole indicated that counselors felt this area is of vital importance, but that real understanding and skill come only with practical experience.

Area V: Testing

The testing area includes ten knowledges relating to the nature of measurement; principles and practices; and values and selection of tests. Eight skills complete the area. These dealt with the administration, interpretation, and use of the various measurement instruments.

TABLE 5

TESTING

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
<u>Knowledge and understanding of:</u>				
1.	History of, and recent trends in measurement		SP	V
2.	Nature of measurement and evaluation		SP	V
3.	Principles and practices in testing		P	SV
4.	Individual and group differences in testing		SP	V
5.	Theory, development, and construction of tests of intelligence, personality, interests, aptitudes, etc.		SP	V
6.	Values, limitations, and predictive values of tests			SPV
7.	Validity and reliability of tests		P	SV
8.	Standardization procedures, scores, and norms		SP	V
9.	Selection of appropriate tests			SPV
10.	Testing as it is used in industrial settings		SPV	

Ability and skill in:

- | | | | | |
|-----|--|---|---|---|
| 12. | Administering and scoring individual and group tests of intelligence, personality, interests, etc. | P | S | V |
|-----|--|---|---|---|

TABLE 5 (Continued)

TESTING

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
13.	Interpreting and using the results of individual and group tests of intelligence, personality, etc.		P	SV
14.	Using such techniques as rating scales, anecdotal records, autobiographies, sociometric methods, etc.	S	PV	
15.	Recording and integrating test data with all other types of data			SPV
16.	Interpreting test data to the client			SPV
17.	Interpreting test data to other professional personnel concerned with the case			SPV
18.	Using the IBM for scoring	SPV		

Counselor evaluation of the area of testing

The combined weighted mean for the area of testing placed it fifth as compared with other areas in the questionnaire. Counselors were not in agreement on the essentiality of testing in rehabilitation counselor preparation. Only the knowledge of the values, limitations, and selection of tests was considered essential by all counselors. A majority agreed on the essentiality of a knowledge of the principles and practices in testing, and of the validity and reliability of tests.

Skills which all counselors considered to be essential included integrating and recording test data, and interpreting test

data to clients and other professional personnel connected with the case. Interpreting and using a range of kinds of tests was considered essential by a majority, but not all, of the counselors.

Only the skill of IBM scoring was considered non-essential by all counselors.

Variations in counselor responses to the area of testing

Divergence of opinion among counselors was found for the area as a whole. Veterans Administration counselors ranked testing first among all areas, while state counselors ranked it eighth and private counselors ranked it ninth. Veterans Administration counselors considered all knowledges essential except for industrial testing. All skills except for using related evaluation techniques and IBM scoring were felt to be essential. State and private counselors tended to place a majority of the knowledges in the desirable classification.

Disagreement was found among the counselors on the skill of administering and scoring various kinds of tests. Veterans Administration counselors considered this skill necessary, and state counselors felt it was desirable. Private counselors, however, marked it as not necessary. Comments by the private counselors indicated they felt the skill of administering and scoring various kinds of tests not necessary at the master's level, though they did feel an understanding of test administration was essential.

A number of both state and private counselors noted that

psychometric services may be secured or purchased through their agencies. State counselor comments, in particular, indicated they felt testing to be the work of a specialist; however, they indicated they felt the rehabilitation counselor needed a background in the area sufficient for satisfactorily working with the professional psychometrist and for interpreting test data. State counselors who had master's degrees and those who had majored in psychology or had previously worked in the area of counseling deviated from the majority of the state group. These counselors agreed with the Veterans Administration counselors that rehabilitation counselors need training beyond the minimum necessary to handle test data in rehabilitation planning.

Area VI: Social and Community Aspects

Nine knowledges and seven skills are presented in the area of social and community aspects relating to rehabilitation. They deal with community and agency organization, social and economic factors and problems, and human relations.

TABLE 6
SOCIAL AND COMMUNITY ASPECTS

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
<u>Knowledge and understanding of:</u>				
1.	Structure and organization of the community, both formal and informal		SPV	
2.	Community processes and social behavior, such as conflict, disorganization, intergroup relations, etc.		SPV	
3.	Social problems in the community, such as health, delinquency, alcoholism, prejudice, etc.		SPV	
4.	The organization, purposes, services, etc. of the various agencies in the community		V	SP
5.	Influences of the various ethnic and religious groups, such as language, attitudes, values, etc.		SPV	
6.	Physical factors (housing, urban-rural, etc.) and social factors (attitudes, class level, etc.) and economic factors in the environment influencing behavior		SPV	
7.	Human relations (interpersonal and intergroup)		SPV	
8.	Social work: philosophy and concepts of, various types, such as medical, psychiatric, etc., trends in		SPV	
9.	Social and economic needs of persons with the various disabilities			SPV
<u>Ability and skill in:</u>				
11.	Identifying the formal and informal structure of the community and using it to best advantage		SPV	
12.	Participating in community planning	V	SP	
13.	Locating and analyzing community needs	V	SP	
14.	Locating and utilizing community resources		V	SP

TABLE 6 (Continued)

SOCIAL AND COMMUNITY ASPECTS

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
15.	Soliciting, establishing, and main- taining desirable relationships with the various agencies		V	SP
16.	Surveying and utilizing data on stresses and supports in the environment, includ- ing physical, social, and economic factors		SPV	
17.	Integrating social data with all other types of data		V	SP

Counselor evaluation of the social and community area

The social and community area was ranked ninth in importance as compared with all other areas. Only one knowledge, that of the social and economic needs of the disabled, was considered essential by all counselors. One other knowledge, that of various community agencies, was felt to be essential by a majority of the counselors.

No skill was felt to be essential by all counselors. However, a majority agreed on the essentiality of locating and utilizing community resources, establishing and maintaining desirable relationships with various community agencies, and integrating social data with all other data.

Variations in counselor responses to the social and community area

State counselors ranked this area in seventh place; private counselors ranked it in eighth place; and Veterans Administration counselors ranked it in tenth place.

There was little disagreement among counselors on the knowledges and skills in the social and community area. A majority of the items were classed as desirable by all groups. However, the following extremes were observed.

State counselors who had majored in social work and the social sciences placed twelve of the sixteen items in this area in the essential classification. The only items not so placed were classified as desirable, and these related to skill in identifying community structure, analyzing community needs, and participating in community planning. In contrast, state counselors who had received their rehabilitation counselor training on the job classed all items in this area as desirable except for the knowledge of community agencies and maintaining desirable relationships with them which were considered essential.

Veterans Administration counselors with doctor's degrees considered the social and community area more important than did other categories of Veterans Administration counselors. They felt community agencies, social problems, human relations, and concepts in social work to be essential knowledges. This was in contrast to Veterans Administration counselors whose previous occupation had been counseling and those who lived in the North East, who classed

social problems as non-essential and gave the other knowledges a low rank in the desirable classification.

Few comments were made on this area. However, several additional items were written in. These included:

The role of the client's spiritual life in the rehabilitation process
 Social class levels
 An overall knowledge of economics
 Man's place in society

Area VII: Occupations and Occupational Information

The area of occupations includes twenty-six knowledges relating to the vocational structure of society; the various occupations; and vocational selection, training and placement. Also included are specialized knowledges such as occupational safety and hygiene, job analysis, job evaluation, and labor legislation. Nine skills are concerned with vocational selection, training, and placement; working with employers; and collecting and utilizing occupational information.

TABLE 7

OCCUPATIONS AND OCCUPATIONAL INFORMATION

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
Knowledge and understanding of:				
1.	Vocational and economic structure of society		S	PV

TABLE 7 (Continued)

OCCUPATIONS AND OCCUPATIONAL INFORMATION

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
2.	The various occupational groups and classification systems of occupations		S	PV
3.	History and development of the various occupations	SPV		
4.	Occupational outlook and trends for the various occupational groups			SPV
5.	Skills and requirements for entry into the various occupations			SPV
6.	Policies & administrative practices in business and industry		SPV	
7.	Economic levels and returns of the various occupations		SV	P
8.	Theories and methods of job analysis & description		SV	P
9.	Theories and methods of job evaluation, such as merit ratings, production, etc.	SV	P	
10.	Structure, administration and policies of unions	SV	P	
11.	Employer-employee-union relationships	V	SP	
12.	Employer expectations and attitudes		SV	P
13.	Employee satisfaction and adjustment		SPV	
14.	Labor legislation (hours & wages, unemployment, etc.)	V	SP	
15.	Occupational safety and hygiene	V	SP	
16.	Occupational and educational information (locating, appraising, filing, using)			SPV
17.	The various uses of occupational and educational information in counseling individuals and groups			SPV
18.	Job training (prerequisites for, supervision of, levels, costs, length, evaluation of, facilities & resources)			SPV
19.	Selective placement			SPV
20.	Placement agencies (types, policies, services, etc.)		V	SP
21.	Employability of and job opportunities for the disabled			SPV

TABLE 7 (Continued)

OCCUPATIONS AND OCCUPATIONAL INFORMATION

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
22.	Vocational and retraining problems of the disabled			SPV
23.	Licenses and certification required for the various occupations		SV	P
24.	Follow-up, including criteria for, methods of		V	SP
25.	Roles of occupational specialists, such as time and motion experts, job analysts, safety engineers, etc.	SV	P	
26.	Research in the various occupational fields	SPV		
<u>Ability and skill in:</u>				
28.	Reading and evaluating occupational literature		S	PV
29.	Using the Dictionary of Occupational Titles			SPV
30.	Collecting and maintaining an occupational file		S	PV
31.	Making a job analysis		SV	P
32.	Making occupational surveys		SPV	
33.	Developing a vocational plan--matching men and jobs			SPV
34.	Selecting training facilities and supervising training		V	SP
35.	On-the-job follow-up (and employee counseling)		V	SP
36.	Meeting and working with employers and labor leaders		V	SP

Counselor evaluation of the area of occupations

The area of occupations was accorded a total rank of sixth in importance as compared with other areas. All counselors agreed on the essentiality of the knowledge of occupational outlook and trends, occupational requirements, occupational information and its uses in counseling, selective placement, job training, and vocational opportunities and problems of the disabled. A majority of the counselors also felt that the knowledge of the vocational and economic structure of society, the various occupations, placement agencies, and follow-up was essential.

Skills considered essential by all counselors included ability in developing a vocational plan and in using the Dictionary of Occupational Titles. Collecting, evaluating and maintaining an occupational file; selecting and supervising training; follow-up; and working with employers were skills considered essential by a majority of the counselors.

No skills were classed as non-essential. However, counselors were in agreement that history of occupations and research in the various occupations were non-essential knowledges. A majority felt that theories of job evaluation, unions, and the roles of occupational specialists were also non-essential.

Variations in counselor responses to the area of occupations

Private counselors ranked the area of occupations fourth as compared with other areas, while both the state and Veterans

Administration counselors ranked it sixth. Knowledges which were the chief source of disagreement related to labor legislation, unions, and employers. These were consistently given a higher rank by private counselors than by other counselors. Private counselors were also in disagreement with other counselors on job analysis, which they felt was an essential knowledge as well as an essential skill.

Disagreement among the various categories of state and Veterans Administration counselors was found for the knowledge of licenses and certification requirements of various occupations, which was marked essential by the private counselors. Counselors who had majored in education, and who lived in the South agreed with the private counselors that it was essential. Comments from several counselors marking this item desirable indicated they felt licensing varies from state to state too much to be included as an essential knowledge.

Comments on the occupations area as a whole indicated that counselors felt a knowledge of source materials on occupations and the ability to use them was the basic learning in this area, and that fieldwork to develop an understanding of the working environment of the various occupations is important. Additional knowledges that were suggested included working conditions affecting the individual, and relationships between aptitudes, attitudes, interests, and the job.

Area VIII: Casework

The area of casework covers eight knowledges dealing with the history, principles and methods of casework. Five skills are included and relate to the casework processes and case management.

TABLE 8

CASEWORK

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
<u>Knowledge and understanding of:</u>				
1.	History and development of casework	PV	S	
2.	Principles and techniques of casework		PV	S
3.	Casework with different groups, such as delinquents, physically disabled, mental disabled, etc.		SPV	
4.	Techniques of case development		PV	S
5.	Methods of case recording		PV	S
6.	Methods of integrating, synthesizing, and evaluating		V	SP
7.	Various dispositions of cases		PV	S
8.	Methods and techniques of referral		V	SP
<u>Ability and skill in:</u>				
10.	Casework with various kinds disabilities & disorders		V	SP
11.	Techniques of developing and handling a case		V	SP
12.	Integrating & synthesizing data; case recording		V	SP
13.	Making referrals		V	SP
14.	Managing several cases at one time	V		SP

Counselor evaluation of the area of casework

Casework was ranked seventh in importance as compared with all other areas. A majority of the counselors felt that methods of integrating, synthesizing, and evaluating case data, and methods of referrals were essential knowledges. All of the skills were considered essential by a majority of the counselors.

Variation in counselor responses to the area of casework

State counselors ranked the area of casework with the professional activities of the counselor as first in importance, but it was ranked sixth and ninth by private and Veterans Administration counselors respectively. This area was second to testing on lack of consensus on essentiality. While disagreement among groups was found, it related to the classification of items as desirable or essential rather than as non-essential or essential. Only one knowledge, that of history of casework, was considered non-essential by a majority of the counselors. This knowledge and the knowledge of casework with different groups were the only items not classed as essential by state counselors. On the other hand, the Veterans Administration counselors marked no item as essential.

The knowledge and the skill in methods of referring cases were items drawing the greatest comment from counselors. They indicated they felt a basic knowledge of effective communication and teamwork to be necessary in making referrals.

Area IX: Research and Statistics

The area of research and statistics includes seven knowledges on methods of research, research agencies, elementary and advanced statistics. The six skills deal with ability in applying research techniques, using elementary and advanced statistics, using computational devices, and evaluating research.

TABLE 9
RESEARCH AND STATISTICS

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
<u>Knowledge and understanding of:</u>				
1.	Scientific method	S	V	P
2.	Methods of research, as survey, experimental, etc.	SP	V	
3.	Role of statistics in research	S	PV	
4.	Application of research to the various disciplines	SPV		
5.	Agencies set up for the purpose of research	SPV		
6.	Elementary statistics, such as measures of central tendency, measures of variability, sampling, etc.	S	P	V
7.	Advanced statistics, such as, analysis of variance, correlations methods, regression & prediction, etc.	SPV		
<u>Ability and skill in:</u>				
9.	Setting up a research design	SPV		
10.	Collecting, analyzing, summarizing & interpreting data	SP	V	
11.	Using elementary statistics	SP		V
12.	Using advanced statistics	SPV		
13.	Evaluating research and statistical techniques	SPV		
14.	Using calculator and other computational devices	SPV		

Counselor evaluation of the area of research and statistics

This area was ranked eleventh, or last, among all areas in importance in rehabilitation counselor education. The counselors did not find any item, either knowledge or skill, which they agreed was essential. On the other hand, consensus on non-essentiality was found for four of the knowledges and for all six of the skills. The knowledges considered non-essential were methods of research, application of research to the various disciplines, research agencies, and advanced statistics. A knowledge of the scientific method and of elementary statistics was considered desirable by a majority of the counselors.

Variations in counselor responses to the area of research and statistics

State counselors placed all items in the area of research and statistics in the non-essential classification. While private and Veterans Administration counselors tended to agree with the state counselors on a majority of the items, a divergence of opinion was found for three items. Two were knowledges, the scientific method and elementary statistics, and one was a skill, that of using elementary statistics.

Private counselors considered the scientific method essential, while Veterans Administration counselors felt it was desirable and state counselors considered it non-essential. Agreement on this knowledge within each of the three groups was found to be consistent.

The knowledge and skill in using elementary statistics were considered essential by Veterans Administration counselors. Private counselors felt that the knowledge was desirable, but that skill in using elementary statistics was unnecessary. State counselors classed both items non-essential.

Comments which were written in by counselors indicated it was felt that few rehabilitation counselors other than those in specialized situations would have a need on the job for knowledge and skill in this area. Others indicated that while it might be generally desirable, the essentiality of other learnings coupled with the time factor would make its inclusion in the master's degree program impossible.

Area X: Professional Activities of the Counselor

This area is made up of eight knowledges and seven skills which cover the aspects of the duties and responsibilities of the counselor, ethics, teamwork, and relationships with others.

TABLE 10
PROFESSIONAL ACTIVITIES OF THE COUNSELOR

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
<u>Knowledge and understanding of:</u>				
1.	The code of professional ethics in all areas with which he--the rehabilitation counselor--comes in contact, such as medicine, social work, psychology, etc.			SPV
2.	Professional growth on the job			SPV
3.	The job of the rehabilitation counselor, including duties & responsibilities, knowledge & skills needed			SPV
4.	The principles and techniques of teamwork			SPV
5.	The role of the various disciplines on a team, problems in, communication of			SPV
6.	General methods and principles in public relations		PV	S
7.	Methods and techniques of interpreting rehabilitation to business, industry, community-at-large, etc.		V	SP
8.	Principles and techniques of publicity	V	SP	
<u>Ability and skill in:</u>				
10.	Applying and maintaining ethical procedures			SPV
11.	Participating in and contributing to staff development work for professional growth			SPV
12.	Teamwork (communicating, contributing to, evaluating, and utilizing data developed by team, etc.)			SPV

TABLE 10 (Continued)
PROFESSIONAL ACTIVITIES OF THE COUNSELOR

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
13.	Interpreting rehabilitation to business & industry, labor & management, community-at-large		V	SP
14.	Applying techniques of public relations and publicity for best advantage of rehabilitation		PV	S
15.	Working with various community groups		V	SP
16.	Studying community attitudes and opinions, such as making and interpreting attitude surveys, polls, etc.	SPV		

Counselor evaluation of the area of professional activities

The area of professional activities of the counselor was ranked second in importance as compared with all other areas. All counselors were in agreement on the knowledge of professional ethics, the duties and responsibilities of the counselor, and teamwork. A majority of the counselors felt that interpretation of rehabilitation to the community, business, and industry was essential.

Skills considered essential were those involving the application of the knowledges considered essential. In addition, a majority of counselors felt that working with various community groups was an essential skill which the rehabilitation counselor should possess.

Consensus on non-essentiality was found for only one skill, that of studying community attitudes and opinions. Comments from the counselors indicated that the rehabilitation counselor could maintain an awareness of public opinion through less involved methods than by surveys or polls.

Variations in counselor responses to the area of professional activities

State counselors ranked this area in first place; private counselors ranked it second; and Veterans Administration counselors ranked it fourth. The chief point of disagreement was on public relations, which state counselors considered both an essential knowledge and an essential skill, but which other counselors considered desirable rather than essential. Several state counselors indicated in comments that they felt public relations is a particularly weak area at the present time and greater emphasis should be placed on it.

Area XI: Fieldwork and Supervised Practice

This area is divided into two parts, those activities included in fieldwork, and those activities included in supervised practice. The fifteen fieldwork activities include visitation and observation in a range of agencies and institutions, counseling settings, and meetings or conferences. The ten supervised practice activities relate to the application of skills presented in other areas throughout the questionnaire.

TABLE 11
FIELDWORK AND SUPERVISED PRACTICE

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
<u>Visitation and observation of:</u>				
1.	Hospitals (general, Tuberculosis, VA, mental, etc.)		V	SP
2.	Rehabilitation centers; curative & sheltered workshops		V	SP
3.	Medical clinics; special clinics, such as alcoholic, speech and hearing, blind, orthopedic, etc.		V	SP
4.	State agencies, as, vocational re- habilitation, public health, public welfare, etc.		V	SP
5.	State institutions for the deaf, blind, mentally retarded		V	SP
6.	Correctional institutions, as prisons, delinquent homes		SPV	
7.	Volunteer agencies, as, tuberculosis, polio, etc.	V	S	P
8.	Employment service agencies		V	SP
9.	Labor meeting	V	SP	
10.	Visit to home of a client		PV	S
11.	Case conference by a team		V	SP
12.	Training agencies		V	SP
13.	Various businesses and industries		V	SP
14.	Staff meeting in a rehabilitation agency		V	SP
15.	Professional association meetings		PV	S
<u>Supervised Practice in:</u>				
17.	Participating in the case develop- ment of a number of various types of disabilities			SPV
18.	Recording, writing, and filing reports			SPV
19.	Administering and scoring tests		SP	V
20.	Integrating, synthesizing, interpreting data from all sources			SPV

TABLE 11 (Continued)

FIELDWORK AND SUPERVISED PRACTICE

Item Number	Item Content	Not Neces- sary	Desir- able	Essen- tial
21.	Carrying not less than one case from its initiation to its completion			SPV
22.	Initial interviewing; counseling			SPV
23.	Contacting and working with other professional persons			SPV
24.	Contacting and working with employers		V	SP
25.	Planning and budgeting time for management of the overall case load as well as the individual case		V	SP
26.	Building an occupational information file		SPV	

How much time, in your opinion, should be devoted to supervised practice in the college training program? Please give your answer in number of weeks (full-time).

Counselor evaluation of the area of fieldwork and supervised practice

The area of fieldwork and supervised practice was given a total rank of third in importance as compared with other areas. Visitation and observation of hospitals and clinics, state agencies and institutions, training and placement agencies, businesses and industries, and professional meetings were classed as essential activities by a majority of the counselors.

Activities considered essential in supervised practice included participating in case development, working with reports,

interpreting and integrating case data, counseling, and working with other professional persons. Carrying not less than one case from its initiation to its completion was also considered essential. A number of counselors noted in comments that experience with several cases would be desirable.

No item in this area was considered non-essential by a majority of the counselors.

Variations in counselor responses to the area of fieldwork and supervised practice

Private counselors ranked fieldwork and supervised practice second; state counselors ranked it third; and Veterans Administration counselors ranked it fifth.

The chief difference among the three groups of counselors was on the fieldwork activities. None of these activities was considered essential by the Veterans Administration counselors, while other counselors considered a majority to be essential. Veterans Administration counselors marked the majority of these activities as desirable. However, those with doctor's degrees, whose previous work had been in administration, and who lived in the North East and the South felt that visitation in rehabilitation centers and attendance at professional meetings were essential activities.

Disagreement on administering and scoring tests as a supervised practice activity was found. Veterans Administration counselors considered this activity essential, while state counselors classed it as desirable. Private counselors also classed it as

desirable, though they classed a similarly stated item in the area of testing as non-essential.

Responses to the open-ended question, "How much time should be devoted to supervised practice in the college training program?" were grouped on the basis of full-time weeks into the following four step intervals.

- 30 weeks and over
- 19-29 weeks
- 12-18 weeks
- 0-11 weeks

Most counselors responded in terms of full-time weeks. However, a few replied in terms of quarters, semesters, months, or a year, and several replied in terms of one, two, or three days per week. Both types of replies were converted to full-time weeks for the purposes of tabulation. Thirteen per cent of the state counselors and eight per cent of the Veterans Administration counselors did not respond to the question. All private counselors responded.

Forty-four per cent of all counselors felt that the optimum time length for supervised practice was twelve to eighteen weeks. Twenty-five per cent considered less than twelve weeks to be sufficient, and eleven per cent considered more than eighteen weeks but not as much as an academic year to be essential. Another eleven per cent considered an academic or a calendar year necessary. Those counselors holding doctor's degrees were consistent in agreeing on the longer supervised practice period.

Summary

Practicing rehabilitation counselors found counseling, professional activities of the counselor, and practica, in that order, to be the most important areas in the rehabilitation counseling curriculum. A basic knowledge of other areas, with the exception of research and statistics was considered essential. However, disagreement among counselor groups was found on the essentiality of testing and casework.

Comments on the curriculum as a whole were written in by approximately thirty-five per cent of the counselors. The majority of these comments indicated the counselors felt a basic knowledge in the various areas presented on the questionnaire was necessary, but that training should not be of a specialized nature. The majority of comments also emphasized the need for integration of the learnings from the various fields, and for the application of the knowledges to the disabled and the handicapped.

CHAPTER V

SUMMARY AND CONCLUSIONS

Summary

The purpose of this investigation was to determine what knowledges and skills practicing rehabilitation counselors believe to be essential in the rehabilitation counseling curriculum. The study was based on the premise that the practicing rehabilitation counselor is in a strategic position to assist in the identification of those areas which need to form the basis for such a curriculum.

To provide the basis for construction of an instrument for assessing rehabilitation counselor opinion on the curriculum, data on the content of rehabilitation counselor training programs were gathered. The content of the recently established college rehabilitation counseling programs and the content of on-the-job orientation and staff development programs in state agencies of vocational rehabilitation were surveyed. The data thus gathered were synthesized and grouped into eleven areas as knowledges and skills. They were checked against writings in the respective fields represented, and further checked for completeness and coverage by professional personnel in the various fields of competencies.

A questionnaire was then constructed on the basis of the data. Three choices were established for each item. They were:

Not necessary in rehabilitation counselor education
Desirable but could be eliminated in a minimum program
Essential in rehabilitation counselor education

A pilot run of the questionnaire with a group of rehabilitation counselors resulted in minor item revisions. The final draft retained the original eleven areas and included a total of two hundred and fifty-two items, one hundred and fifty-nine of which were knowledges and ninety-three of which were skills. The questionnaire was concluded with an open-ended question asking for comments on rehabilitation counselor education in general.

The questionnaire was distributed to the following three groups of counselors: state employed rehabilitation counselors; privately employed rehabilitation counselors; and Veterans Administration counseling psychologists, vocational rehabilitation and education.

A ten per cent sample of one hundred and thirty-six state employed rehabilitation counselors was selected. They were contacted through the state agencies of vocational rehabilitation in the forty-eight states and the District of Columbia. One hundred and thirteen completed questionnaires were returned. Forty-five of the forty-nine agencies and better than eight per cent of the total counselor group were represented.

The privately employed rehabilitation counselors were contacted through forty-one rehabilitation centers located throughout the United States. The centers selected were limited to those which were privately operated or sponsored and which provided a

grouping of services. They were taken from the membership list of the National Conference of Rehabilitation Centers for 1954 and 1955. Thirty-four of the forty-one centers responded. Of the thirty-four, eighteen employed rehabilitation counselors who sent completed questionnaires. The group of eighteen private counselors represented one hundred per cent of the responding centers.

The Veterans Administration position most closely approximating that of the rehabilitation counselor in state and private agencies was that of the counseling psychologist, vocational rehabilitation and education. These counselors were contacted through the chief of the counseling section, vocational rehabilitation and education, in each of the sixty-three Veterans Administration regional offices and centers in the forty-eight states and the District of Columbia. Completed questionnaires were received from fifty-six of the sixty-three regional offices and centers, and represented forty-two states.

The questionnaire responses from each of the three counselor groups were first treated separately and then combined for analysis and comparison.

Each of the three choices given for the items was assigned a numerical weight. A weighted score and a weighted mean were derived for each item. The items were retained in their original area for establishing rank order of importance on the basis of the weighted means.

The boundary limits for classifying an item as essential,

desirable or non-essential were arbitrarily established. Items in each of these classifications were so placed by a consensus of fifty per cent or more of the respondents.

A combined weighted mean was derived for each area, and the areas were ranked in order of importance on the basis of these means. Significant items of personal data were selected for establishing the effect of those variables on the responses. These variables included:

- Age
- Length of time on the job
- Source of rehabilitation counselor training
- Level of education
- Major area of preparation
- Previous occupation
- Geographical area

Based on the results of the study, a program of minimum essentials was developed. The items were retained in their original areas for the proposed program. An item was included in the minimum program when at least two of the counselor groups agreed on its essentiality so long as it was not classed as non-essential by any group. The proposed program is presented in the section on recommendations at the conclusion of this chapter.

Findings in each of the eleven major areas included in the questionnaire are presented in the following sections.

Rehabilitation

This area was given a total rank of eighth in importance among all other areas. Private and Veterans Administration counselors

ranked it seventh, and state counselors ranked it ninth. The area of rehabilitation, per se, covered knowledge of the history, philosophy, legal and administrative aspects of rehabilitation. Also included was a knowledge of problems and trends, terms and concepts, the rehabilitation process, and rehabilitation programs in various agencies and institutions.

Concepts and terms in rehabilitation and the rehabilitation process were considered essential by all counselors. Consensus on essentiality was also found on problems and trends; philosophy; rehabilitation programs in employment agencies; and Federal legislation related to rehabilitation.

History, legislation in the various states, and rehabilitation programs in various agencies and institutions were considered desirable. Comments by a number of respondents indicated they felt much of this material could be combined into a survey course, or that it could be included in on-the-job orientation at the time local application is made.

Medical and Related Areas

This area was given a total rank of tenth in importance as compared to the other areas included in the questionnaire. Both state and private counselors ranked it tenth, and the Veterans Administration counselors ranked it eighth. The medical and related areas covered knowledge related to the various disabilities; medical facilities and resources; fields and practices in medicine; medical

terminology; and concepts in related areas, chiefly the natural sciences. Skills included interpreting and using medical data; locating and using medical information, resources and facilities; and working with medical personnel.

All counselors agreed that knowledge of the nature and extent of disability was essential. They further agreed on the essentiality of a knowledge of the residual effects and functional potential of the various disabilities, medical examinations, medical resources, and the role of the medical consultant. Knowledge of evaluation of disability, physical restoration resources, and the physician's relationships with the client and the counselor was classed essential but received a lower rank than the above.

Responses to items in this area indicate the practicing counselor feels that the educational program in rehabilitation counseling should provide a background for effectively working with medical personnel, but that it should in no way make of the rehabilitation counselor a sub-specialist in the medical field.

Psychological and Related Areas

The psychological and related areas received a total rank of fourth when compared with all other areas. The Veterans Administration counselors gave it second place, while both state and private counselors ranked it fifth. This area included a range of knowledges and skills in the psychological and related areas with the exception of those found in counseling and testing, which were treated as

separate areas. Human development, human behavior, personality disorders, psychological theories, and the impact of disablement on the individual were among the knowledges. The skills dealt primarily with recognizing deviant behavior, interpreting and using psychological data, and working with professional personnel.

All counselors were in agreement on the essentiality of a knowledge of human behavior, the adjustive mechanisms, and the impact of disablement on the individual. A knowledge of the theories of personality and the various personality disorders was classed as essential by a majority of counselors.

Skills considered essential by all counselors were those dealing with interpreting and using psychological data; locating and using psychological information and resources; and meeting and working with professional psychological personnel.

A knowledge of commitment functions and procedures was considered unnecessary by all counselors. The works of the major contributors to personality theories was felt to be non-essential by a majority of the counselors.

Responses in the psychological and related areas indicated that the state and private counselors would have the educational program include content necessary to prepare the rehabilitation counselor to work effectively with professional psychological personnel. The Veterans Administration counselors would include a wider range of content, but none of the groups would consider the education such as to prepare the rehabilitation counselor to be a psychologist.

Counseling and Interviewing

Responses to this area indicated the bulk of the educational program for rehabilitation counselors should center on the counseling area. Private counselors ranked it first among all areas; Veterans Administration counselors ranked it second; and state counselors ranked it fourth. However, the combined mean for all groups placed it first in importance as compared with all other areas. The area of counseling and interviewing included knowledges on theories, principles, and practices of counseling; the various therapy methods; and counseling tools and techniques. Skills dealt primarily with counseling techniques and processes.

Greater agreement on the individual items was found for this area than for any other. With the exception of history; types of counseling and therapy methods; and counseling programs in the various agencies, all knowledges were classed essential by all counselors. They similarly agreed on essentiality of skills with the exception of the ability to use the various counseling and therapy methods.

Testing

Counselors were not in agreement on this area. The Veterans Administration Counselors ranked it first among all areas; the state counselors ranked it eighth; and the private counselors ranked it ninth. The combined mean for all groups was such as to place it fifth in comparison with other areas. The area of testing

included a knowledge of the history and trends in measurement; principles and practices; and the values, limitations, and selection of tests. Skills related to administering, interpreting, and using test data.

Considered essential by all counselors was a knowledge of the values, limitation, and selection of tests. Principles and practices of testing was considered essential by a majority of counselors.

All counselors felt the skills of recording, integrating, and interpreting test data to be essential. Disagreement among counselors was found for the skills of administering and scoring tests. The Veterans Administration counselors considered this essential, while the private counselors considered it non-essential. State counselors marked it as desirable. Only one skill, that of IBM scoring, was considered non-essential by all counselors.

The responses of the Veterans Administration counselors indicated they felt the rehabilitation counselor should have background and skill for assessing individual differences paralleling his background and skill in counseling. State and private counselors considered only those knowledges and skills which would give the rehabilitation counselor the necessary understanding for interpreting and using test data.

Social and Community Aspects

The combined mean for all counselors ranked social and community aspects ninth in importance as compared with other areas. State counselors gave it seventh place; private counselors placed it eighth; and Veterans Administration counselors placed it tenth. This area included a knowledge of social and physical factors influencing behavior, community organization, purposes and services of various agencies, and human relations. Skills related to the abilities of locating and using community resources, and utilizing social data.

The knowledges and skills in this area were, for the most part, considered desirable. The only knowledge considered essential by all counselors was that of the social and economic needs of the disabled. A knowledge of the purposes and services of the various community agencies was felt to be essential by a majority of the counselors.

Those skills involved in locating and utilizing community resources, establishing and maintaining human relations, and integrating social data with all other data were considered essential by a majority of the counselors. The Veterans Administration counselors were consistent in marking all skills as desirable.

No item, either knowledge or skill, was classed as non-essential by a majority of the counselors.

Occupations and Occupational Information

The area of occupations was accorded a total rank of sixth in importance as compared with other areas. This was the position given it by state and Veterans Administration counselors, though private counselors ranked it fourth. The area of occupations included a range of knowledges relating to the vocational structure of society; the various occupations; and vocational selection, training, and placement. It also included specialized knowledges such as occupational safety and hygiene, job analysis, job evaluation, and labor legislation. Skills related to vocational selection, training, and placement; working with employers; and collecting and utilizing occupational information.

Agreement among counselors was found for the essentiality of a knowledge of the occupational world and particular problems relating to the vocational selection, training, placement, and follow-up of the disabled. Skills relating to the handling of these problems were considered essential.

Considered non-essential by all counselors was the knowledge of the history of and research in occupations. A majority of counselors ranked as non-essential the knowledge of unions, methods of job evaluation, and the role of occupational specialists.

The knowledges and skills in the area of occupations considered to be essential in the preparation of the rehabilitation counselor would enable him to perform vocational counseling and

guidance, but it would in no sense of the term make him a vocational or occupational specialist.

Casework

Casework was ranked seventh in importance when compared with all other areas. It was second to testing on lack of consensus among counselors. The state counselors ranked it with the professional activities of the counselor as first in importance, but it was ranked sixth and ninth by private and Veterans Administration counselors respectively. Although disagreement among counselors existed, it should be noted that all knowledges and skills were marked as either desirable or essential, with the exception of history of casework which was considered non-essential by a majority of counselors. The area of casework included knowledges dealing with history, principles and methods of casework. Skills were chiefly those relating to the case processes.

Although the Veterans Administration counselors marked no item in the casework area as essential, state and private counselors were in agreement on the essentiality of all the skills, and on two of the knowledges. Methods of integrating, synthesizing, and evaluating case data was classed essential, and methods of referral was also placed in the essential classification.

Research and Statistics

Most of the knowledges and all of the skills were consistently ranked as non-essential. Only the knowledge of the role

of statistics in research was classed as desirable. However, a divergence of opinion was found for two of the knowledges. The scientific method, which was considered non-essential by state counselors, was considered desirable by Veterans Administration counselors and felt to be essential by private counselors. Elementary statistics, also considered non-essential by state counselors, was felt to be desirable by private counselors and was considered essential by Veterans Administration counselors. The area of research and statistics included a knowledge of the methods of research and statistics, and skills in applying them. It received a total rank of eleventh, or last, in importance as compared with other areas. All counselors were consistent in ranking the area last.

Comments by respondents indicate they felt the length of the program coupled with the job responsibilities of the rehabilitation counselor were such as to make this area unnecessary in the educational program. The combined mean for this area, and the criteria upon which selection of the minimum program was based, were such as to eliminate this area from the final proposed program of minimum essentials.

Professional Activities of the Counselor

This area was placed in second position when all areas were ranked in order of importance. Counselors did not diverge widely on their opinion of the importance of the area, although

state counselors felt it was more essential than did the other counselors. The state counselors accorded it first place along with casework; private counselors ranked it second; and Veterans Administration counselors ranked it fourth. Professional activities of the counselor included a range of knowledges relating to the code of ethics of the various fields contributing to rehabilitation counseling, the duties and responsibilities of the counselor, and the principles and techniques of teamwork and of public relations. Skills related primarily to the application of ethical procedures, professional growth, teamwork, and public relations.

The results on this area indicate that the curriculum should provide a definite place for topics on the duties and responsibilities of the rehabilitation counselor, the ethics of his field and all others with whom he has contact, and the principles and techniques of teamwork. The development of skills in these knowledges were also felt to be essential by all counselors. The knowledge of methods of interpreting rehabilitation to the community was considered essential by a majority of counselors. The skill of working with community groups was marked essential by a majority of the counselors.

Only the skill of studying community attitudes and opinions in this area was considered unnecessary in the education of the rehabilitation counselor.

Fieldwork and Supervised Practice

This area was given a total rank of third in importance in comparison with other areas. Private counselors ranked it second; state counselors ranked it third; and Veterans Administration counselors ranked it fifth. Fieldwork included visitation and observation in a range of agencies and institutions and in a number of counseling settings. Supervised practice related to application of skills included in other areas throughout the questionnaire.

The fieldwork items lacked consensus on essentiality by all counselors, but a majority did consider fieldwork a necessary part of the curriculum. Veterans Administration counselors marked no fieldwork item as essential. State and private counselors, however, considered visitation and observation of a number of agencies essential. Included were hospitals and clinics, public agencies and institutions, training agencies, and businesses and industries.

All counselors considered the following activities essential in supervised practice: counseling and interviewing, participating in case development, integrating and interpreting data from all sources, recording and writing reports, case management, and working with other professional persons.

No item in the area of fieldwork and supervised practice was considered non-essential by a majority of the counselors.

The optimum time length for the supervised practice period was felt to be twelve to eighteen weeks by a majority of the counselors.

Conclusions

The findings of the study indicate that practicing counselors consider the area of counseling to constitute the core of the curriculum. They also feel that a major emphasis should be placed on the professional aspects of the counselor's job. Basic content from other areas is considered necessary, but it is not so extensive as to prepare the counselor to be a specialist in any one of them. Results also suggest that a practicum period should constitute about one-fifth of the training program and should provide opportunities for the application of academic learnings.

Recommended Program of Counselor Training

Within the limitations of this investigation and of the questionnaire, the findings appear to reflect a recognition by rehabilitation counselors of certain basic educational needs. The knowledges and skills which practicing counselors considered essential are presented as a proposed program of minimum essentials in rehabilitation counselor training.

The program of minimum essentials is based on the responses of all three counselor groups. The rank order of areas is established on the basis of the combined weighted means. Within each area, a knowledge or skill is included in the proposed program if it is one considered essential by not less than two counselor groups and if it is not one considered non-essential by the third group.

All knowledges and skills in the area of research and statistics, which is among the eleven areas on the questionnaire, are eliminated from the minimum program on the basis of the criteria established for their selection. The remaining ten areas are presented according to their total rank of importance.

The letters following each item indicate the counselor groups considering the item essential. The letters and the counselor groups they represent are:

- S State employed rehabilitation counselors
- P Privately employed rehabilitation counselors
- V Veterans Administration counselors

For example, under the area of Counseling and Interviewing, "Theories of counseling (SPV)," indicates that all three counselor groups, state counselors, private counselors, and Veterans Administration counselors, considered the item essential.

A Proposed Program of Minimum Essentials
in Rehabilitation Counseling Education

Counseling and Interviewing

Knowledge and understanding of:

- Theories of counseling (SPV)
- Principles and techniques of counseling (SPV)
- Adaptation of counseling to various age groups (SPV)
- Nature and types of problems encountered in counseling (SPV)
- Relation of counseling to other types of study of the individual (SPV)
- Client-counselor relationships (SPV)
- Counseling tools, such as inventories and tests (SPV)

Ability and skill in:

Establishing rapport with the client (SPV)
 Locating strengths and weaknesses of the client (SPV)
 Motivating the client (SPV)
 Modifying attitudes of the client (SPV)
 Managing transference (SPV)
 Decision making (SPV)
 Notetaking and record keeping (SP)
 Closing a counseling session (SPV)
 Conducting initial interviews (SPV)
 Synthesizing and recording counseling data (SPV)
 Counseling persons with various disabilities (SPV)
 Interviewing other professional personnel connected with the case (SP)

Professional Activities of the Counselor**Knowledge and understanding of:**

Code of professional ethics in all areas with which he (the rehabilitation counselor) comes in contact (SPV)
 Professional growth on the job (SPV)
 The job of the rehabilitation counselor, including duties and responsibilities, knowledges and skills needed (SPV)
 The principles and techniques of teamwork (SPV)
 The roles of the various disciplines on a team, including problems in, and communication of (SPV)
 Methods and techniques of interpreting rehabilitation to business, industry, and the community-at-large (SP)

Ability and skill in:

Applying and maintaining ethical procedures (SPV)
 Participating in and contributing to staff development work for professional growth (SPV)
 Teamwork, including communication, contributing to, evaluating, utilizing data developed by the team (SPV)
 Interpreting rehabilitation to business and industry, labor and management, and the community-at-large (SP)
 Working with various community groups (SP)

Fieldwork and Supervised Practice**Visitation and observation of:**

Hospitals and clinics (SP)
 Rehabilitation centers and workshops (SP)

State agencies and institutions (SP)
 Employment service agencies (SP)
 Training agencies (SP)
 Various businesses and industries (SP)
 Case conference by a rehabilitation team (SP)
 Staff meeting in a rehabilitation agency (SP)

Supervised practice in:

Initial interviewing; counseling (SPV)
 Participating in the case development of a number
 of various types of disabilities (SPV)
 Carrying not less than one case from its initiation
 to its completion (SPV)
 Contacting and working with professional persons (SPV)
 Integrating, synthesizing, and interpreting data from
 all sources (SPV)
 Recording, writing, and filing reports (SPV)
 Planning and budgeting time for management of the
 overall case load as well as the individual case (SP)
 Contacting and working with employers (SP)

Psychological and Related Areas

Knowledge and understanding of:

Human behavior, including: (SPV)
 Concepts of
 Needs, drives, urges
 Stresses, frustrations, conflicts
 Perception and concept of self and others
 Barriers to adjustment
 Individual differences in behavior
 Adjustive mechanisms, such as rationalization, projection
 and compensation (SPV)
 Theories of personality (PV)
 The incidence, causes and symptoms of the various
 personality disorders (PV)
 Impact of disablement on the individual, including: (SPV)
 Effects on behavior
 Adjustments necessary
 Personality problems associated with the various
 disabilities
 Interpretations of influencing factors, such as age when
 disability occurred, body image and self concept, and
 attitudes

Ability and skill in:

Reading and interpreting psychological literature and reports (PV)
 Recording and integrating psychological data with all other types of data (SPV)
 Recognizing the personality problems of a client (SPV)
 Locating and using psychological information and resources; making referrals (SPV)
 Meeting and working with professional psychological personnel; knowing when to call in the psychologist (SPV)
 Interpreting psychological information to the client (SPV)

Testing**Knowledge and understanding of:**

Principles and practices in testing (SV)
 Values, limitations, and predictive values of tests (SPV)
 Validity and reliability of tests (SV)
 Selection of appropriate tests (SPV)

Ability and skill in:

Interpreting and using the results of individual and group tests of intelligence, personality, etc. (SV)
 Recording and integrating test data with all other types of data (SPV)
 Interpreting test data to the client (SPV)
 Interpreting test data to other professional personnel concerned with the case (SPV)

Occupations and Occupational Information**Knowledge and understanding of:**

Vocational and economic structure of society (PV)
 The various occupational groups and classification systems of occupations (PV)
 Occupational outlook and trends for the various occupational groups (SPV)
 Skills and requirements for entry into the various occupations (SPV)
 Occupational and educational information, including locating, appraising, filing, and using (SPV)
 The various uses of occupational and educational information in counseling individuals and groups (SPV)

Job training, including prerequisites for, supervision of, levels, costs, length, evaluation of, facilities and resources (SPV)
 Selective placement (SPV)
 Placement agencies, including types, policies and services (SP)
 Employability of and job opportunities for the disabled (SPV)
 Vocational and retraining problems of the disabled (SPV)
 Follow-up, including criteria for, and methods of (SP)

Ability and skill in:

Reading and evaluating occupational literature (PV)
 Using the Dictionary of Occupational Titles (SPV)
 Collecting and maintaining an occupational file (PV)
 Developing a vocational plan--matching men and jobs (SPV)
 Selecting training facilities and supervising training (SP)
 On-the-job follow-up and employee counseling (SP)
 Meeting and working with employers and labor leaders (SP)

Casework

Knowledge and understanding of:

Methods of integrating, synthesizing, recording, and evaluating case data (SP)
 Methods and techniques of referrals (SP)

Ability and skill in:

Casework with the various disabilities (SP)
 Techniques of developing and handling a case (SP)
 Integrating, synthesizing, and recording data (SP)
 Making referrals (SP)

Rehabilitation

Knowledge and understanding of:

Federal legislation on rehabilitation and related to rehabilitation, including structure and interpretation (SP)
 Current problems and trends in rehabilitation (SV)
 Philosophy of rehabilitation, including evolution of, principles, concepts and goals at Federal and state levels (SP)

Terminology and concepts of:

- Total rehabilitation-Vocational rehabilitation (SPV)
- Handicap-Disability (SPV)
- Eligibility-Feasibility-Employability (SPV)
- Vocational training-Vocational adjustment (SPV)
- Vocational guidance-Vocational counseling (SPV)
- The rehabilitation process, including concepts of, sequence of services (SPV)
- Rehabilitation programs in the U. S. Employment Service (SP)

Social and Community Aspects

Knowledge and understanding of:

- The organization, purposes, services, etc. of the various agencies in the community (SP)
- Social and economic needs of persons with various disabilities (SPV)

Ability and skill in:

- Locating and utilizing community resources (SP)
- Soliciting, establishing, and maintaining desirable relationships with the various agencies (SP)
- Integrating social data with all other types of data (SP)

Medical and Related Areas

Knowledge and understanding of:

- The nature and extent of disability (SPV)
- Resources for securing medical information and services (SPV)
- Purposes and values of preliminary and special medical examinations (SPV)
- Diagnosis and evaluation of disability (SP)
- Residual effects and functional potential for the various disabilities and disorders (SPV)
- Resources and facilities for physical restoration (SP)
- Relationships of physician-client and physician-counselor (SP)
- Role of the medical consultant (SPV)

Ability and skill in:

Reading and interpreting medical literature and reports (SP)
Integrating medical data with all other types of data (SPV)
Meeting and working with medical personnel; knowing when
to call in medical personnel (SPV)
Locating and using medical information, medical resources,
and medical facilities (SP)
Adjusting other phases of rehabilitation to medical
treatment, such as treatment and training together (SPV)

Recommendations for Further Research

This investigation and the implications of the findings suggest areas which might be problems for further study and research. Five recommendations in areas relating to this study are presented below.

1. The techniques used in this study suggest a possible approach that may be applied by various agencies for determining in-service training needs, for planning the content of in-service training programs, and for planning specialized institutes and projects.
2. Further study on the basis of the differences of opinion among groups of counselors relative to the essentiality of knowledges and skills in the areas of testing, casework, and research might more clearly define the roles of these areas in rehabilitation counselor education.
3. A study similar in nature to this one might well be undertaken at a time when counselors trained through

academic rehabilitation counseling programs have had time to evaluate their training in terms of practice on the job.

4. Job analyses of rehabilitation counseling in various settings, and the elements common to all settings, may have implications for the rehabilitation counseling curriculum.
5. Since rehabilitation counseling crosses departmental lines and draws from several fields, research to clarify its relationship and position as a professional speciality may contribute to an increased understanding of the curriculum needs.

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APPENDIX A

REHABILITATION COUNSELOR

I. General Description of the Duties and Responsibilities

Under supervision is responsible for locating, investigating and determining the eligibility of any disabled person in need of vocational rehabilitation in an assigned area; for assisting the disabled individual in selecting, preparing for, and attaining the vocational adjustment affording the greatest social and economic satisfaction; for performing related work as required.

This position includes the responsibility for initiating and carrying out rehabilitation processes with disabled persons.

II. Examples of Work Performed

Obtains, analyzes, and evaluates pertinent information; arranges for medical diagnosis to determine kind and extent of disability and rehabilitation possibilities; and determines eligibility on the basis of established policy.

Secures information about the applicant's educational background and work experience, special interests, social and economic circumstances, personality traits and attitudes; provides for the administration and interpretation of psychological tests, when indicated for diagnosis; evaluates and interprets information and assists the individual in making a suitable rehabilitation plan.

Makes rehabilitation services available to the applicant, such as medical and health services necessary for physical restoration, pre-vocational and vocational training, transportation and maintenance when required; advises with the applicant throughout the rehabilitation process and assists him in meeting problems of personal, social and vocational adjustment.

Aids individual in securing employment consistent with his capacities and preparation, and assists him in meeting the problems of adjustment; makes follow-up visits as necessary for vocational adjustment of the individual.

Makes use of available community services and facilities and maintains working relationships with cooperating agencies; when gaps exist in services, makes necessary recommendations.

Gathers information on occupational requirements and keeps informed on employment possibilities.

Prepares and maintains necessary vocational rehabilitation records and makes reports as required.

III. Qualification Standards

A. Basic Abilities and Skills

Ability to establish and maintain a counseling relationship with individuals.

Ability to evaluate aptitudes, skills, interests, and educational background.

Ability to recognize manifestations of physical and mental disabilities and their relationship to vocational adjustment.

Ability to analyze reports furnishing medical data and to interpret the relationship of the disabilities to job requirements.

Ability to analyze occupations and workers in terms of job requirements, and skills required and the physical demands of the job.

Ability to gather occupational information and to make use of it.

Ability to evaluate training programs including the ability to determine entrance requirements, the score of the training, the skills and techniques taught, and the relative value of similar types of training for the same job.

Ability to interpret the potential capacities and abilities of disabled persons and to secure the cooperation of employers in employing disabled persons.

Ability to make discriminating use of available community services in meeting the needs and problems of disabled persons and to maintain working and cooperative relationships with such sources.

Ability to maintain case records.

B. Knowledge Required

Basic understanding and knowledge of human behavior as related to personal, social and vocational adjustment, including ability to evaluate aptitudes, skills, interest and educational background.

Basic knowledge of the relationships of such factors to training and to occupational requirements.

Basic understanding of the possible effects of handicaps on personality in relation to emotional and vocational adjustment.

Working knowledge of Federal, State and local laws pertinent to the rehabilitation of disabled persons.

Considerable knowledge of current social legislation, of services and policies of social welfare programs and of current social and economic problems.

Considerable knowledge and understanding of problems and practices in the rehabilitation field or in a field of work closely related to rehabilitation work, including methods and techniques necessary to the establishment and maintenance of a counseling relationship, the analysis of medical, psychological and occupational data, the evaluation of training programs, and the interpretation to employers of the capacities and abilities of disabled persons.

Knowledge of the basic pattern of community organization with considerable understanding of the services usually provided by public and private agencies.

Working understanding of the policies of employers in relation to individuals with physical and mental handicaps.

Knowledge of the organizational and occupational structure of modern industry with considerable knowledge of a number of occupations in terms of the skills, abilities and physical demands required.

C. Personal Qualities

Physical stamina necessary to meet the demands of the position; pleasing appearance and personality necessary for personal contacts involved; flexibility and adaptability; capacity to recognize and deal with the problems of individuals; interest in and understanding of the problems of the disabled; imagination, resourcefulness and initiative in meeting problem situations.

Office of Vocational Rehabilitation
Training Division
March 28, 1955

APPENDIX B

DIRECTORS OF COLLEGE AND UNIVERSITY
REHABILITATION COUNSELING PROGRAMS

Corvallis, Oregon
March 10, 1956

Training programs for vocational rehabilitation counselors is the subject of a study I am making across the country. My interest in the field has been stimulated by the recent attention given to the increasing need for trained counselors. This need has precipitated the development of training programs in colleges and universities as well as on-the-job training programs. Those working in training programs have been faced with the problem of establishing such programs with few recognized professional standards as guideposts. As you recall, the March, 1955, release by the U. S. Office of Vocational Rehabilitation noted this with the statement, "There is no established, accredited, or preconceived pattern of training for rehabilitation counselors."

With this in mind, and cognizant of the fact that during the intervening year a number of programs have been established, I am surveying the present training programs. The study includes an analysis of the objectives and content of each of the professional courses in the curricula of the colleges and universities receiving teaching grants in rehabilitation counseling from the Federal Government in 1955-1956. A sample of both state and privately employed vocational rehabilitation counselors will then be taken to determine what the practicing counselor believes to be the best training for his work. Directors of vocational rehabilitation in the forty-eight states are being contacted to ascertain the objectives and content of the in-service training programs in state agencies.

I am hopeful, with the cooperation of those concerned, of establishing a frame of reference for professional training, and of developing a proposed program specifying minimal standards which will satisfy the needs of counselors and of training institutions. The research is being conducted under the direction of Dr. Franklin R. Zeran, Dean of the School of Education, Oregon State College, Corvallis, Oregon, and it will be prepared as a doctoral dissertation. A summary of results will be sent those participants who indicate they wish a copy.

I am seeking your cooperation in order to accomplish the above goals. Will you please send me the outline or syllabus for each of the professional courses included in your program of rehabilitation counseling? And, will you please complete the enclosed questionnaire and include it with the syllabi? Should you have a prepared bulletin or

paper describing the program, I would appreciate your sending it also. Any suggestions or comments you may have would be most welcome.

Since analysis of the material will begin on April 15, your attention to this matter just as soon as possible would be of much help. I sincerely appreciate your assistance.

Sincerely,

(Mrs.) Dorothy Cantrell

APPENDIX C

THE CURRICULUM IN REHABILITATION COUNSELING
at

1. When was the curriculum established?
2. On what basis was the curriculum established, and in what department is it located (e.g., education, psychology, interdisciplinary)?
3. What are the over-all objectives of the curriculum?
4. What are the general requirements, or prerequisites, for students entering this curriculum?
5. What degrees are offered?
How long does the program of study for each degree take?
6. Is an internship required?
When during the training period does it occur?
What amount of time is spent in the internship?
What is the location of the intern work, and what type of agencies are used?

Curriculum in Rehabilitation Counseling, page two

7. Is a thesis or other form of independent research required?

Are any studies relating to rehabilitation counseling under way at the present time?

If so, please give name and topic.

Name of student or professor

Topic or title

8. What professional courses are included in the curriculum?

Please indicate sequence courses.

<u>Number</u>	<u>Course</u>	<u>Required</u>	(Please check one)		
<u>Credit</u>	<u>Title</u>	<u>or</u>	<u>Master's</u>	<u>Doctor's</u>	
<u>Hours</u>		<u>Elective</u>	<u>Degree</u>	<u>Degree</u>	<u>Both</u>

Summary of results desired: Yes___ No___

Signed _____

Title _____

Date _____

STATE DIRECTORS OF VOCATIONAL REHABILITATION

Salem, Oregon
February 28, 1956

With the expansion of the rehabilitation program, we are all faced with the need for qualified personnel and an adequate program for the training of counselors. I am sure you will agree that there must be a serious study of the educational program needed for those who wish to enter this field of service, as well as a long range program of in-service training for those who join our family.

This letter is written to ask that you assist in an important research project which should be of real interest to all of us in the above mentioned area. The enclosed statement outlines the plan for finding what the present training program includes in the institutions across the nation as well as the state agencies. We believe that it does not duplicate any other such study.

Mrs. Dorothy Cantrell, who is devoting a greater portion of this year to this study, is exceptionally well qualified. The research study will be regularly reviewed by a graduate committee which will base the granting of a Doctorate Degree on the merits of the completed research.

The co-operation of each state director of Vocational Rehabilitation is essential to the success and usefulness of this study. Your consideration of the request made in the enclosed material will be sincerely appreciated, and I am sure the results obtained will be of real value to all of us.

Sincerely yours,

C. F. Feike
State Director

CFF:fd
Enclosure

STATE DIRECTORS OF VOCATIONAL REHABILITATION

Corvallis, Oregon
February 28, 1956

Training programs for vocational rehabilitation counselors is the subject of a study I am making across the country. My interest in the field has been stimulated by the recent attention given to the increasing need for trained counselors. This need has precipitated the development of training programs in colleges and universities as well as on-the-job training programs. Those working in training programs have been faced with the problem of establishing such programs with few recognized professional standards as guideposts. As you recall, the March, 1955, release by the U. S. Office of Vocational Rehabilitation noted this with the statement, "There is no established, accredited, or preconceived pattern of training for rehabilitation counselors."

With this in mind, and cognizant of the fact that during the intervening year a number of programs have been established, I am surveying the present training programs. The study includes an analysis of the objectives and content of each of the professional courses in the curricula of the colleges and universities receiving teaching grants in rehabilitation counseling from the Federal Government in 1955-1956. A sample of both state and privately employed vocational rehabilitation counselors will then be taken to determine what the practicing counselor believes to be the best training for his work. Directors of vocational rehabilitation in the forty-eight states are being contacted to ascertain the objectives and content of orientation and staff training programs in state agencies.

I am hopeful, with the cooperation of those concerned, of establishing a frame of reference for professional training, and of developing a proposed program specifying minimal standards which will satisfy the needs of both counselors and training institutions. The research is being conducted under the direction of Dr. Franklin R. Zeran, Dean of the School of Education, Oregon State College, Corvallis, Oregon, and it will be prepared as a doctoral dissertation. A summary of results will be sent those participants who indicate they wish a copy.

In order to accomplish the above goals, I am seeking your cooperation. As your part and assistance in the study, I would appreciate receiving from you the material detailed in the next paragraph. The information is desired regardless of whether it is formally or informally administered. If such a program is not presently being conducted in your state, will you please tell me whether one is being planned for the future?

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Specifically, the following materials and information are desired:

1. A copy of the job description for a vocational rehabilitation counselor in your state. Please send the description for each level if there are more than one.
2. A copy of the orientation manual (outline, or syllabus) for beginning counselors. What is the normal amount of time devoted to orientation?
3. A copy of the staff training material (outline, or syllabus). Are training sessions held on the state or district level, or both? How often are they held? What is the average amount of time devoted to in-service training?

Since analysis of the material will begin on March 20, your attention to this matter just as soon as possible would be most helpful. I sincerely appreciate your assistance.

Sincerely,

(Mrs.) Dorothy Cantrell

Corvallis, Oregon
December 21, 1956

The great need for more rehabilitation counselors has brought about new programs for training counselors in colleges and universities across the country. Most of these programs are located at the graduate level and usually conclude with the Master's degree.

Since students entering rehabilitation counselor training programs come from several disciplines, such as, education, sociology, psychology, business, etc., many of the programs are flexible, and are developed individually in terms of each student's needs and background.

However, a minimum core of knowledges and skills is necessary to all individuals who are planning to become rehabilitation counselors. The purpose of this study is to determine what knowledges and skills should be included in the college training programs for rehabilitation counselors.

Those of you who are actually doing the work of the counselor--on the "firing line," so to speak--are in the best position to help determine which knowledges and skills should be included. A list of these follow on page 2. This list has been gathered from syllabi, course outlines, and course descriptions from college curricula and from readings on rehabilitation counselor training.

If you were setting up a college training program for rehabilitation counselors, what knowledges and skills--on the basis of your own experience and training--would you include as essential?

Will you please take the time necessary to check those things which you think are UNNECESSARY to include in the college program; those things which you feel are DESIRABLE, but which could be eliminated in a minimum program; and those things which you feel are ESSENTIAL in the college training programs for rehabilitation counselors.

This list is not, by any means, inclusive. If you think of other things which should be included, will you please add them?

You need not sign your name. However, a few items of personal information are needed to aid in the interpretation of the data. These precede the list of knowledges and skills. Will you please check them?

The information gathered from this survey will be prepared as part of a doctoral dissertation, and summaries will be made available to states and to colleges. Since tabulation of the results will begin on January 15, I would appreciate your checking the questionnaire just as soon as possible.

I am sincerely grateful for your assistance with this work.

Sincerely,

(Mrs.) Dorothy Cantrell

STATE SUPERVISORS OF
GUIDANCE, TRAINING
AND PLACEMENT

Salem, Oregon
December 21, 1956

I am taking this way of asking your co-operation in causing the enclosed questionnaires to be completed by appropriate counselors in your state, who are assigned to the basic program of vocational rehabilitation.

In discussing the project and the need for maximum number of completions for the sake of validity, it occurred to me that this could best be accomplished by routing the material through those who participated in the 1956 Guidance, Training and Placement Workshop in Washington, D.C., this year. In addition, this letter is being forwarded to other selected directors and supervisors whose states were not represented at G.T.P.

We have worked closely with Mrs. Dorothy Cantrell, and her approach to requesting information she needs, has our complete approval.

Mrs. Cantrell is an assistant professor, School of Education, Oregon State College, and is at present completing her doctoral work with a major in guidance. Special emphasis in the doctoral dissertation will be concerned with training programs in the United States for rehabilitation counselors.

The investigation preliminary to thesis is now moving into the third and final stage which involved the following:

- First Stage - Survey of in-service training programs in State agencies.
- Second Stage - Survey of college training programs in those colleges and universities receiving O. V. R. grants in 1955-56.
- Third Stage - Survey counselor's opinion of what should be included in the college training programs.

Mrs. Cantrell would like to begin tabulation of the results on January 15, and we would appreciate your assistance on them by that date.

Please return them to me at this office. Mrs. Cantrell assures me that a summary, which should be of interest and value to all of us, will be sent to you upon completion of the study.

Thank you for your assistance and Merry Christmas.

Very truly yours,

Irvin F. Bryan
State Supervisor

IFB:bw

Enclosure

DIRECTORS OF REHABILITATION CENTERS

Corvallis, Oregon
January 17, 1957

Training programs for rehabilitation counselors is the subject of a study I am making across the country. My interest in this field has been stimulated by the increased need for such counselors coupled with the initiation of training programs for them in colleges and universities.

I have completed an analysis of on-the-job training programs in state vocational rehabilitation agencies and an analysis of the content of the college and university training programs. This material has been synthesized into the attached questionnaire, which was constructed to obtain the opinion of the practicing vocational rehabilitation counselor as to the essentiality and non-essentiality of the topics included in the training programs.

It is felt that the practicing counselor is in an excellent position to judge the material on the basis of the job as he performs it. Responses from a representative number of counselors to such a questionnaire should provide a significant contribution to this area of training rehabilitation counselors.

A sample of rehabilitation counselors employed in state rehabilitation agencies has already been contacted. I now need to secure the opinion of those employed in private rehabilitation agencies, in order to obtain a complete representation.

Will you please ask your rehabilitation counselor, or other person who serves in that capacity, to complete the attached questionnaire and return it to me? If you have no such person, will you please write me?

Tabulation of the questionnaire data will begin on February 8th, and I would appreciate a return of the questionnaire just as soon as possible. A summary of the results will be made available to those who indicate they are interested in receiving a copy.

The completed work on this study will be prepared as a doctoral dissertation at Oregon State College under the direction of Dr. Franklin R. Zeran, Dean of the School of Education.

I sincerely appreciate your assistance with this work.

Sincerely,

(Mrs.) Dorothy Cantrell

CHIEF OF COUNSELING SECTIONS, VOCATIONAL REHABILITATION
AND EDUCATION, VETERANS ADMINISTRATION

Corvallis, Oregon
January 24, 1957

Training programs for vocational rehabilitation counselors is the subject of a study I am making across the country. My interest in this field has been stimulated by the increased need for such counselors coupled with the initiation of training programs for them in colleges and universities.

I have completed an analysis of on-the-job training programs in state vocational rehabilitation agencies and an analysis of the content of the college and university training programs. This material has been synthesized into the attached questionnaire, which was constructed to obtain the opinion of the practicing vocational rehabilitation counselor as to the essentiality and non-essentiality of the topics included in the training programs.

It is felt that the practicing counselor is in an excellent position to judge the material on the basis of the job as he performs it. Responses from a representative number of counselors to such a questionnaire should provide a significant contribution to this area of training rehabilitation counselors.

A sample of vocational rehabilitation counselors in state and private agencies have already been contacted. I now need to secure the opinion of those in Veterans' Administration work in order to obtain a complete representation.

Will you please ask your vocational rehabilitation counselor, or other person who serves in that capacity, to complete the attached questionnaire and return it to me? If you have no such person, will you please write me?

Tabulation of the questionnaire data will begin on February 8th, and I would appreciate a return of the questionnaire just as soon as possible. A summary of the results will be made available to those who indicate they are interested in receiving a copy.

The completed work on this study will be prepared as a doctoral dissertation at Oregon State College under the direction of Dr. Franklin R. Zeran, Dean of the School of Education.

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I sincerely appreciate your assistance with this work.

Sincerely,

(Mrs.) Dorothy Cantrell

APPENDIX D

PERSONAL INFORMATION

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1. Are you presently employed in: ☐ State Rehabilitation Counseling
☐ Private Rehabilitation Counseling
☐ VA Rehabilitation Counseling
☐ Other (What? _____)

2. In your counseling do you work chiefly with one specific type of disability (e.g., mentally retarded, orthopedic cases, etc.)
☐ Yes ☐ No
 If so, please name _____. % of the time.
 (approximate)

3. How old are you? ☐ Below 30 years
☐ 30-49 years
☐ Over 50 years

4. How long have you been a rehabilitation counselor?
☐ One year or less
☐ 1-3 years
☐ Over 3 years

5. Where did you get your rehabilitation counselor training?
☐ College Rehabilitation Training Program
☐ On-the-job Orientation and Staff Development Training
☐ Institutes and Workshops on Rehabilitation
☐ Additional college work after becoming a counselor to facilitate and enhance professional growth.

6. What is your education? ☐ Less than four years of college
☐ Bachelor's degree
☐ Master's degree
☐ Doctor's degree

7. (a) What was your major field of study for your last degree?

 (b) What was your minor field(s) of study for your last degree?

8. What were the last two jobs you held before becoming a counselor (e.g., high school math teacher, VA vocational counselor, etc.)? Please list the last job first.
 Position _____ No. of years _____
 Position _____ No. of years _____

WHAT KNOWLEDGES AND SKILLS SHOULD BE INCLUDED IN THE COLLEGE TRAINING PROGRAM
FOR REHABILITATION COUNSELORS?

Directions: Please read each item, and then mark it as either: NOT NECESSARY, DESIRABLE (but could be dispensed with in a minimum program), or ESSENTIAL in the college preparation of the rehabilitation counselor. The items are grouped by areas, such as, Occupational Information, Testing, etc. Under each area they are again grouped into knowledges and skills. Blanks have been left at the end of each one for you to add anything you think of that has been omitted.

<u>Example:</u>	Knowledge and understanding of:	Not Nec.	Desir- able	Essen- tial	Comment
	1. Farming jobs for the disabled			X	
	2. Location of farms	X			

Please use an "X" for marking, and please mark every item. The "comment" column has been provided for any remarks or reservations you may wish to make.

I. REHABILITATION: HISTORY, PHILOSOPHY, LEGAL AND ADMINISTRATIVE ASPECTS

<u>Knowledge and understanding of:</u>	Not Nec.	Desir- able	Essen- tial	Comment
1. Federal legislation on rehabilitation, including structure, interpretation, and history				
2. Early Federal legislation leading to rehabilitation laws, such as Workman's Compensation, etc.				
3. Present Federal legislation related to rehabilitation, such as Public Assistance, Public Health, etc.				
4. Rehabilitation legislation in the various states				
5. Related legislation in the various states, such as Industrial Accident, Second Injury, etc.				
6. Organizational set-up of Federal, state and local rehabilitation programs (relationships between, functions, operation, costs, etc.)				
7. Social movements leading to rehabilitation programs				
8. Comparison of U.S. rehabilitation programs with those in other countries, such as United Kingdom, etc.				
9. Current problems and trends in rehabilitation				
10. Philosophy of rehabilitation, including evolution of, principles, concepts and goals at Federal and state levels				
11. Terminology and concepts of:				
(1) Total rehabilitation-Vocational rehabilitation				
(2) Handicap-Disability				
(3) Eligibility-Feasibility-Employability				
(4) Vocational training-Vocational adjustment				
(5) Vocational guidance-Vocational counseling				
12. The rehabilitation process (sequence of services, concept of, etc.)				
13. Rehabilitation Centers in the U.S. (their purposes, facilities, etc.)				

2

What knowledges and skills should be included in the college training program for rehabilitation counselors?

I. REHABILITATION, continued

Knowledge and understanding of:

	Not Nec.	Desir- able	Essen- tial	Comment
14. The role of the various professions in rehabilitation				
15. Rehabilitation programs in:				
(1) Large businesses				
(2) Educational institutions				
(3) Veterans' Administration				
(4) Governmental agencies, such as Public Welfare, Industrial Accident Commission, etc.				
(5) Public institutions, such as prisons, mental hospitals, deaf, blind, mentally retarded, etc.				
(6) Volunteer agencies and foundations, such as Crippled Children, Tuberculosis, etc.				
(7) U.S. Employment Service				
(8) Community civic and social organizations				
(9) Public and private clinics and workshops				
16. Other				

II. MEDICAL AND RELATED AREAS

Knowledge and understanding of:

1. The nature and extent of disability				
2. The field of medicine, including history, practices, ethics, special branches of, such as urology, etc.				
3. Legal aspects of medicine, including legal relation to rehabilitation				
4. Recent trends and advances in medicine, and implications for and contributions to rehabilitation				
5. Resources for securing medical information & services				
6. Purposes and values of preliminary and special medical examinations				
7. The incidence, causes, and symptoms of the various disabilities and disorders, such as blindness, heart disease, the various surgeries, psychomatic, etc.				
8. Specialized treatment and therapies for the various disabilities and disorders				
9. Diagnosis and evaluation of disability				
10. Residual effects and functional potential for the various disabilities and disorders				
11. Procedures and techniques for preventing, correcting, reducing, stabilizing the various disabilities				
12. Resources and facilities for physical restoration				
13. Procedures and values of the various therapies, such as physical therapy, speech therapy, etc.				
14. Types, uses and evaluation of aids for the disabled, such as braces, prostheses, wheelchairs, etc.				
15. Medical terminology and procedures for reporting				
16. Relationships of physician-client & physician-counselor				
17. Role of the medical consultant				
18. Basic concepts and terminology in the related areas of:				
(1) Kinesiology (principles of motion, relation of function to structure, etc.)				

What knowledges and skills should be included in the college training program for rehabilitation counselors?

II. MEDICAL AND RELATED AREAS, continued
Knowledge and understanding of:

	Not Nec.	Desir- able	Essen- tial	Comment
(2) Physiology (organic processes and functions, their relation to health and disease)				
(3) Anatomy (structure and parts of the body)				
(4) Biochemistry (chemical composition of substances of the body, chemical processes)				
(5) Pathology (analysis of diseases, changes produced by disease, etc.)				
(6) Corrective Physical Education (use of sports and exercises to correct, retard, stabilize disability)				
(7) Nursing				
19. Other				

Ability and skill in:

20. Reading and interpreting medical literature & reports				
21. Integrating medical data with all other types of data				
22. Meeting and working with medical personnel; knowing when to call in medical personnel				
23. Interpretation of medical information to client				
24. Locating and using medical information, medical resources, and medical facilities				
25. Adjusting other phases of rehabilitation to medical treatment, such as treatment and training together				
26. Other				

III. PSYCHOLOGICAL AND RELATED AREAS
Knowledge and understanding of:

1. Psychology as a discipline; fields of psychology				
2. Basic concepts and terminology in related areas of:				
(1) Psychomatics (relation between psychological processes and physical functions)				
(2) Mental Hygiene (principles in; prevention of mental illness)				
(3) Psychiatry				
3. Human development (physical, mental, social, emotional growth, problems in, concepts of, etc.)				
4. Human behavior:				
(1) Concepts of				
(2) Needs, drives, urges of individuals				
(3) Stresses, frustrations, conflicts				
(4) Perception and concept of self and of others				
(5) Barriers to adjustment				
(6) Individual differences in behavior				
(7) Experiments and research in				
5. Adjustive mechanisms, such as rationalization, projection, compensation, etc.				
6. Theories of intelligence				

4

What knowledges and skills should be included in the college training program for rehabilitation counselors?

III. PSYCHOLOGICAL AND RELATED AREAS, continued
Knowledge and understanding of:

	Not Nec.	Desir- able	Essen- tial	Comment
7. Theories of interests				
8. Theories of personality				
9. Theories of learning				
10. Processes involved in and related to learning, such as memory & forgetting, transfer of training, motivation				
11. The works of the major contributors to theories of personality, such as Freud, Jung, Adler, etc.				
12. The incidence, causes and symptoms of the various personality disorders, such as the neuroses, psychoses, etc.				
13. Prognosis, treatment, and facilities for care of the various personality disorders				
14. Mentally retarded (classifications of; incidence, etc.)				
15. Mentally gifted (identification of; opportunities, etc.)				
16. Institutional care for the mentally ill and the mentally retarded, including facilities, practices, etc.				
17. Procedure, function and implication of commitment				
18. Impact of disablement on the individual:				
(1) Effects on behavior				
(2) Adjustments necessary				
(3) Personality problems associated with the various disabilities				
(4) Interpretation of influencing factors, such as age when disability occurred, body image and self-concept, attitudes, etc.				
19. Other				

Ability and skill in:

20. Reading and interpreting psychological literature and reports				
21. Recording and integrating psychological data with all other types of data				
22. Recognizing the personality problems of a client				
23. Locating and using psychological information and resources; making referrals				
24. Meeting and working with professional psychological personnel; knowing when to call in the psychologist				
25. Interpreting psychological information to the client				
26. Other				

IV. COUNSELING AND INTERVIEWING
Knowledge and understanding of:

1. History and background of counseling				
2. Theories of counseling, such as directive, non-directive				
3. Principles and techniques of counseling, including advantages and limitations				
4. Types of counseling, such as personal, marital, etc.				
5. Adaptation of counseling to the various age groups, such as adolescent, adult, aged				

5

What knowledges and skills should be included in the college training program for rehabilitation counselors?

IV. COUNSELING AND INTERVIEWING, continued
Knowledge and understanding of:

	Not Nec.	Desir- able	Essen- tial	Comment
6. Nature and types of problems encountered in counseling				
7. Relation of counseling to other types of study of client				
8. Relationships between client and counselor, such as motivation, transference, etc.				
9. Theories of, concepts of, uses and values of the various therapy methods, such as psychotherapy, group therapy				
10. Counseling tools, such as autobiography, tests, etc.				
11. Counseling programs in the various public and private agencies, industry, schools and churches				
12. Other				

Ability and skill in:

13. Establishing rapport with the client				
14. Locating strengths and weaknesses of client				
15. Motivating the client				
16. Modifying attitudes of the client				
17. Managing transference				
18. Decision making				
19. Notetaking and record keeping				
20. Closing a counseling session				
21. Conducting initial interviews				
22. Synthesizing and recording counseling data				
23. Counseling in various types of settings, such as office, home, agency, etc.				
24. Counseling persons with various disabilities, such as blind, amputee, mentally retarded, etc.				
25. Using the various therapy methods, as psychotherapy, etc.				
26. Using the various types of counseling, as personal, marital, vocational, educational, etc.				
27. Interviewing other professional personnel connected with the case				
28. Other				

V. TESTING

Knowledge and understanding of:

1. History of, and recent trends in measurement				
2. Nature of measurement and evaluation				
3. Principles and practices in testing				
4. Individual and group differences in testing				
5. Theory, development, and construction of tests of intelligence, personality, interests, aptitudes, etc.				
6. Values, limitations, and predictive values of tests				
7. Validity and reliability of tests				
8. Standardization procedures, scores, and norms				
9. Selection of appropriate tests				
10. Testing as it is used in industrial settings				
11. Other				

Ability and skill in:

12. Administering and scoring individual and group tests of intelligence, personality, interests, etc.				
13. Interpreting and using the results of individual and group tests of intelligence, personality, etc.				

6

What knowledges and skills should be included in the college training program for rehabilitation counselors?

V. TESTING, continued

Ability and skill in:

- | | Not
Nec. | Desir-
able | Essen-
tial | Comment |
|---|-------------|----------------|----------------|---------|
| 14. Using such techniques as rating scales, anecdotal records, autobiographies, sociometric methods, etc. | | | | |
| 15. Recording and integrating test data with all other types of data | | | | |
| 16. Interpreting test data to the client | | | | |
| 17. Interpreting test data to other professional personnel concerned with the case | | | | |
| 18. Using the IBM for scoring | | | | |
| 19. Other | | | | |

VI. SOCIAL AND COMMUNITY ASPECTS

Knowledge and understanding of:

- | | | | | |
|---|--|--|--|--|
| 1. Structure and organization of the community, both formal and informal | | | | |
| 2. Community processes and social behavior, such as conflict, disorganization, intergroup relations, etc. | | | | |
| 3. Social problems in the community, such as health, delinquency, alcoholism, prejudice, etc. | | | | |
| 4. The organization, purposes, services, etc. of the various agencies in the community | | | | |
| 5. Influences of the various ethnic and religious groups, such as language, attitudes, values, etc. | | | | |
| 6. Physical factors (housing, urban-rural, etc.) and social factors (attitudes, class level, etc.) and economic factors in the environment influencing behavior | | | | |
| 7. Human relations (interpersonal and intergroup) | | | | |
| 8. Social work: philosophy and concepts of, various types, such as medical, psychiatric, etc., trends in | | | | |
| 9. Social and economic needs of persons with the various disabilities | | | | |
| 10. Other | | | | |

Ability and skill in:

- | | | | | |
|--|--|--|--|--|
| 11. Identifying the formal and informal structure of the community and using it to best advantage | | | | |
| 12. Participating in community planning | | | | |
| 13. Locating and analyzing community needs | | | | |
| 14. Locating and utilizing community resources | | | | |
| 15. Soliciting, establishing, and maintaining desirable relationships with the various agencies | | | | |
| 16. Surveying and utilizing data on stresses and supports in the environment, including physical, social, and economic factors | | | | |
| 17. Integrating social data with all other types of data | | | | |
| 18. Other | | | | |

VII. OCCUPATIONS AND OCCUPATIONAL INFORMATION

Knowledge and understanding of:

- | | | | | |
|--|--|--|--|--|
| 1. Vocational and economic structure of society | | | | |
| 2. The various occupational groups and classification systems of occupations | | | | |
| 3. History and development of the various occupations | | | | |

7

What knowledges and skills should be included in the college training program for rehabilitation counselors?

VII. OCCUPATIONS, continued

Knowledge and understanding of:

	Not Nec.	Desir- able	Essen- tial	Comment
4. Occupational outlook and trends for the various occupational groups				
5. Skills and requirements for entry into the various occupations				
6. Policies & administrative practices in business and industry				
7. Economic levels and returns of the various occupations				
8. Theories and methods of job analysis & description				
9. Theories and methods of job evaluation, such as merit ratings, production, etc.				
10. Structure, administration and policies of unions				
11. Employer-employee-union relationships				
12. Employer expectations and attitudes				
13. Employee satisfaction and adjustment				
14. Labor legislation (hours & wages, unemployment, etc.)				
15. Occupational safety and hygiene				
16. Occupational and educational information (locating, appraising, filing, using)				
17. The various uses of occupational and educational information in counseling individuals and groups				
18. Job training (prerequisites for, supervision of, levels, costs, length, evaluation of, facilities & resources)				
19. Selective placement				
20. Placement agencies (types, policies, services, etc.)				
21. Employability of and job opportunities for the disabled				
22. Vocational and retraining problems of the disabled				
23. Licenses and certification required for the various occupations				
24. Follow-up, including criteria for, methods of				
25. Role of occupational specialists, such as time and motion experts, job analysts, safety engineers, etc.				
26. Research in the various occupational fields				
27. Other				

Ability and skill in:

28. Reading and evaluating occupational literature				
29. Using the Dictionary of Occupational Titles				
30. Collecting and maintaining an occupational file				
31. Making a job analysis				
32. Making occupational surveys				
33. Developing a vocational plan--matching men and jobs				
34. Selecting training facilities and supervising training				
35. On-the-job follow-up (and employee counseling)				
36. Meeting and working with employers and labor leaders				
37. Other				

VIII. CASEWORK

Knowledge and understanding of:

1. History and development of casework				
2. Principles and techniques of casework				
3. Casework with different groups, such as delinquents, physically disabled, mental disabled, etc.				
4. Techniques of case development				
5. Methods of case recording				

8

What knowledges and skills should be included in the college training program for rehabilitation counselors?

VIII. CASEWORK, continued

Knowledge and understanding of:

	Not Nec.	Desir- able	Essen- tial	Comment
6. Methods of integrating, synthesizing, and evaluating case data				
7. Various dispositions of cases				
8. Methods and techniques of referral				
9. Other				

Ability and skill in:

10. Casework with various kinds disabilities & disorders				
11. Techniques of developing and handling a case				
12. Integrating & synthesizing data; case recording				
13. Making referrals				
14. Managing several cases at one time				
15. Other				

IX. RESEARCH AND STATISTICS

Knowledge and understanding of:

1. Scientific method				
2. Methods of research, as survey, experimental, etc.				
3. Role of statistics in research				
4. Application of research to the various disciplines				
5. Agencies set up for the purpose of research				
6. Elementary statistics, such as measures of central tendency, measures of variability, sampling, etc.				
7. Advanced statistics, such as, analysis of variance, correlations methods, regression & prediction, etc.				
8. Other				

Ability and skill in:

9. Setting up a research design				
10. Collecting, analyzing, summarizing & interpreting data				
11. Using elementary statistics				
12. Using advanced statistics				
13. Evaluating research and statistical techniques				
14. Using calculator and other computational devices				
15. Other				

X. PROFESSIONAL ACTIVITIES OF THE COUNSELOR

Knowledge and understanding of:

1. The code of professional ethics in all areas with which he--the rehabilitation counselor--comes in contact, such as medicine, social work, psychology, etc.				
2. Professional growth on the job				
3. The job of the rehabilitation counselor, including duties & responsibilities, knowledge & skills needed				
4. The principles and techniques of teamwork				
5. The role of the various disciplines on a team, problems in, communication of				
6. General methods and principles in public relations				
7. Methods and techniques of interpreting rehabilitation to business, industry, community-at-large, etc.				
8. Principles and techniques of publicity				
9. Other				

What knowledges and skills should be included in the college training program for rehabilitation counselors?

X. PROFESSIONAL ACTIVITIES, continued

Ability and skill in:

	Not Nec.	Desir- able	Essen- tial	Comment
10. Applying and maintaining ethical procedures				
11. Participating in and contributing to staff development work for professional growth				
12. Teamwork (communicating, contributing to, evaluating, and utilizing data developed by team, etc.)				
13. Interpreting rehabilitation to business & industry, labor & management, community-at-large				
14. Applying techniques of public relations and publicity for best advantage of rehabilitation				
15. Working with various community groups				
16. Studying community attitudes and opinions, such as making and interpreting attitude surveys, polls, etc.				
17. Other				

XI. FIELDWORK

Visitation and observation of:

1. Hospitals (general, Tuberculosis, VA, mental, etc.)				
2. Rehabilitation centers; curative & sheltered workshops				
3. Medical clinics; special clinics, such as alcoholic, speech and hearing, blind, orthopedic, etc.				
4. State agencies, as, vocational rehabilitation, public health, public welfare, etc.				
5. State institutions for the deaf, blind, mentally retarded				
6. Correctional institutions, as, prisons, delinquent homes				
7. Volunteer agencies, as, tuberculosis, polio, etc.				
8. Employment service agencies				
9. Labor meeting				
10. Visit to home of a client				
11. Case conference by a team				
12. Training agencies				
13. Various businesses and industries				
14. Staff meeting in a rehabilitation agency				
15. Professional association meetings				
16. Other				

Supervised Practice in:

17. Participating in the case development of a number of various types of disabilities				
18. Recording, writing, and filing reports				
19. Administering and scoring tests				
20. Integrating, synthesizing, interpreting data from all sources				
21. Carrying not less than one case from its initiation to its completion				
22. Initial interviewing; counseling				
23. Contacting and working with other professional persons				
24. Contacting and working with employers				
25. Planning and budgeting time for management of the overall case load as well as the individual case				
26. Building an occupational information file				
27. Other				

How much time, in your opinion, should be devoted to supervised practice in the college training program? Please give your answer in number of weeks (full-time)_____.

Please write any comments about counselor training you may have on the back of this page

A P P E N D I X E

TABLE 1
NUMBER AND PERCENTAGE OF PARTICIPANTS BY AGE

Age Group	State Employed Counselors		Privately Employed Counselors		Veterans Adminis- tration Counselors	
	Number	Per cent	Number	Per cent	Number	Per cent
Below 30 years	7	6.36	1	5.56	0	.00
30-49 years	78	70.90	15	83.26	31	62.00
50 years and over	25	22.72	2	11.11	19	38.00
Total	110	. . .	18	. . .	50	. . .

TABLE 2
NUMBER AND PERCENTAGE OF PARTICIPANTS
BY LENGTH OF TIME ON THE JOB

Length of Time On The Job	State Employed Counselors		Privately Employed Counselors		Veterans Adminis- tration Counselors	
	Number	Per cent	Number	Per cent	Number	Per cent
Less than 1 year	6	5.45	1	5.56	0	.00
1-3 years	26	23.63	6	33.33	2	4.00
Over 3 years	75	68.17	11	61.06	48	96.00
No answer	3	2.73	0	.00	0	.00
Total	110	. . .	18	. . .	50	. . .

TABLE 3
NUMBER AND PERCENTAGE OF PARTICIPANTS
BY SOURCE OF REHABILITATION COUNSELOR TRAINING

Source of Rehabilitation Counselor Training	State Employed Counselors		Privately Employed Counselors		Veterans Adminis- tration Counselors	
	Number	Per cent	Number	Per cent	Number	Per cent
On-the-job	34	30.91	3	16.65	3	6.00
On-the-job plus institutes and additional college work	73	66.35	15	83.25	47	94.00
No answer	3	2.73	0	.00	0	.00
Total	110	. . .	18	. . .	50	. . .

TABLE 4
NUMBER AND PERCENTAGE OF PARTICIPANTS
BY LEVEL OF EDUCATION

Levels of Education	State Employed Counselors		Privately Employed Counselors		Veterans Adminis- tration Counselors	
	Number	Per cent	Number	Per cent	Number	Per cent
Less than 4 years of college	2	1.82	0	.00	1	2.00
Bachelor's Degree	55	49.49	7	38.85	3	6.00
Master's Degree	50	45.45	10	55.55	35	70.00
Doctor's Degree	2	1.82	1	5.56	11	22.00
No answer	1	.91	0	.00	0	.00
Total	110	. . .	18	. . .	50	. . .

TABLE 5
NUMBER AND PERCENTAGE OF PARTICIPANTS
BY MAJOR AREA OF PREPARATION

Major Area of Preparation	State Employed Counselors		Privately Employed Counselors		Veterans Adminis- tration Counselors	
	Number	Per cent	Number	Per cent	Number	Per cent
Psychology and related areas	31	28.17	9	49.95	32	64.00
Sociology, Social work and social sciences	26	23.63	2	11.11	1	2.00
Education	33	29.99	4	22.22	14	28.00
Miscellaneous	17	15.39	3	16.66	2	4.00
No answer	3	2.73	0	.00	1	2.00
Total	110	. . .	18	. . .	50	. . .

TABLE 6
NUMBER AND PERCENTAGE OF PARTICIPANTS
BY PREVIOUS OCCUPATIONS

Previous Occupation	State Employed Counselors		Privately Employed Counselors		Veterans Adminis- tration Counselors	
	Number	Per cent	Number	Per cent	Number	Per cent
Teaching	22	19.99	1	5.56	3	6.00
Counseling, personnel or other work of a related psychological nature	38	34.54	11	61.06	22	44.00
Administrative or super- visory work	36	32.72	2	11.11	21	42.00
Miscellaneous	13	11.82	4	22.22	4	8.00
No answer	1	.91	0	.00	0	.00
Total	110	. . .	18	. . .	50	. . .

TABLE 7
NUMBER AND PERCENTAGE OF PARTICIPANTS
BY GEOGRAPHICAL AREA

Geographical Area	State Employed Counselors		Privately Employed Counselors		Veterans Administration Counselors	
	Number	Per cent	Number	Per cent	Number	Per cent
North East	17	15.39	6	33.33	14	28.00
North Central	22	20.00	7	38.86	12	24.00
South	47	42.72	2	11.11	16	32.00
West	24	21.82	3	16.66	8	16.00
Total	110	. . .	18	. . .	50	. . .

TABLE 8

AREA I: GENERAL REHABILITATION ITEMS CONSIDERED ESSENTIAL
IN THE REHABILITATION COUNSELING CURRICULUM

	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
Item	Weighted Mean	Weighted Mean	Weighted Mean
Terminology and concepts of:			
Handicap-Disability	1.9	1.8	1.9
Eligibility-Feasibility-Employability	1.9	1.7	1.8
Vocational Guidance-Vocational Counseling	1.9	1.8	1.9
Current problems and trends in rehabilitation	1.8		1.7
Terminology and concepts of:			
Total rehabilitation-Vocational rehabili- tation	1.8	1.8	1.9
Vocational training-Vocational adjustment	1.8	1.8	1.9
Philosophy of rehabilitation	1.7	1.7	
The rehabilitation process	1.7	1.8	1.6
Present Federal legislation related to re- habilitation	1.6	1.6	
Rehabilitation programs in:			
U. S. Employment Service	1.6	1.6	
Volunteer agencies		1.6	

TABLE 9

AREA I: GENERAL REHABILITATION ITEMS CONSIDERED NON-ESSENTIAL
IN THE REHABILITATION COUNSELING CURRICULUM

	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
Item	Weighted Mean	Weighted Mean	Weighted Mean
Early Federal legislation leading to rehabilitation	1.0	1.0	.6
Social movements leading to rehabilitation	1.0	.8	.7
Related legislation in the various states	.7	.8	.6
Rehabilitation legislation in the various states	.6		.4
Comparison of U. S. rehabilitation programs with those in other countries	.6	.3	.5
Rehabilitation programs in: Large business			1.0

TABLE 10

AREA II: MEDICAL AND RELATED ITEMS CONSIDERED ESSENTIAL
IN THE REHABILITATION COUNSELING CURRICULUM

	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
Item	Weighted Mean	Weighted Mean	Weighted Mean
Nature of extent of disability	1.9	2.0	1.7
Purposes and values of preliminary and special medical examinations	1.9	1.8	1.7
Meeting and working with medical personnel*	1.8	1.9	1.7
Resources for securing medical information and services	1.7	1.7	1.7
Residual effects and functional potential for the various disabilities and disorders	1.7	1.7	1.7
Resources and facilities for physical restoration	1.7	1.7	
Relationships of physician-client and physician-counselor	1.7	1.8	
Role of medical consultant	1.7	1.7	1.7
Integrating medical data with all other types of data*	1.7	1.7	1.6
Locating and using medical resources, in- formation and facilities*	1.7	1.7	
Adjusting other phases of rehabilitation to medical treatment*	1.7	1.8	1.6
Diagnosis and evolution of disability	1.6	1.7	
Procedures and values of the various therapies	1.6		
Types, uses and evaluation of aids for the disabled	1.6		
Reading and interpreting medical literature and reports*	1.6	1.7	
Interpretation of medical information to client*	1.6		

*These items were grouped as skills. All other items were grouped as knowledges.

TABLE 11

AREA II: MEDICAL AND RELATED ITEMS CONSIDERED NON-ESSENTIAL
IN THE REHABILITATION COUNSELING CURRICULUM

	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
Item	Weighted Mean	Weighted Mean	Weighted Mean
Basic concepts of terminology in:			
Pathology of disease	1.0	.6	.9
Corrective physical education	.9	.6	.9
Kinesiology	.8	.7	.9
Biochemistry	.5	.4	.5
Nursing	.5	.4	.3
Procedures and techniques for preventing, correcting, reducing, or stabilizing the various disabilities		1.0	
Types, uses, and evaluation of aids for the disabled		1.0	
The field of medicine, including history, prac- tices, ethics, special fields		.8	.6
Legal aspects of medicine			.7

TABLE 12

AREA III: PSYCHOLOGICAL AND RELATED ITEMS CONSIDERED ESSENTIAL
IN THE REHABILITATION COUNSELING CURRICULUM

Item	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
	Weighted Mean	Weighted Mean	Weighted Mean
Human behavior:			
Perception and concept of self and others	1.9	1.6	1.8
Concepts of human behavior	1.8	1.7	1.8
Needs, drives, urges of individuals	1.8	1.7	1.8
Stresses, frustrations, conflicts	1.8	1.7	1.8
Barriers to adjustment	1.8	1.7	1.8
Individual differences in behavior	1.8	1.7	1.8
Impact of disablement on the individual:			
Effects on behavior	1.8	1.8	1.9
Adjustments necessary	1.8	1.9	1.9
Personality problems associated with various disabilities	1.8	1.8	1.9
Recognizing personality problems of the client*	1.8	1.9	1.9
Impact of disablement on the individual:			
Interpretation of influencing factors	1.7	1.8	1.8
Meeting and working with psych. personnel*	1.7	2.0	1.8
Adjustive mechanisms	1.6	1.6	1.7
Recording and integrating psych. data with all other data*	1.6	1.8	1.8
Locating and using psych. information and resources; making referrals*	1.6	2.0	1.8
Interpreting psych. information to client*	1.6	1.6	1.7
Theories of personality		1.7	1.9
Reading and interpreting psych. literature and reports*		1.7	1.6
Basic concepts and terminology in:			
Psychosomatics		1.6	1.7
Incidence, causes and symptoms of various personality disorders		1.6	1.7
Mentally retarded		1.6	
Basic concepts and terminology in:			
Mental Hygiene			1.8
Theories of interests			1.8
Processes involved in learning, memory, transfer, motivation			1.7
Psychology as a discipline; fields of psych.			1.6
Human development			1.6
Theories of learning			1.6
Prognosis, treatment and facilities for care of the various personality disorders			1.6

*These items were grouped as skills. All other items were grouped as knowledges.

TABLE 13

AREA IV: COUNSELING ITEMS CONSIDERED ESSENTIAL IN THE REHABILITATION COUNSELING CURRICULUM

Item	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
	Weighted Mean	Weighted Mean	Weighted Mean
Relationships between client and counselor	1.9	1.8	1.9
Establishing rapport with client*	1.9	1.8	2.0
Locating strengths and weaknesses of client*	1.9	1.9	1.9
Principles and techniques of counseling	1.8	1.8	1.9
Nature and types of problems in counseling	1.8	1.8	1.8
Motivating the client*	1.8	2.0	1.8
Closing a counseling session*	1.8	1.8	1.8
Conducting an initial interview*	1.8	1.8	1.9
Theories of counseling	1.7	1.8	1.8
Adaptation of counseling to various age groups	1.7	1.7	1.7
Relation of counseling to other types of study of the client	1.7	1.6	1.7
Modifying attitudes of client*	1.7	1.9	1.8
Decision making*	1.7	1.8	1.7
Note taking and record keeping*	1.7	1.7	
Synthesizing and recording counseling data*	1.7	1.8	1.8
Counseling in various settings*	1.7		
Counseling persons with various disabilities*	1.7	1.7	1.7
Counseling tools	1.6	1.7	1.9
Managing transference*	1.6	1.8	1.6
Interviewing other professional personnel connected with the case*	1.6	1.7	
Types of counseling			1.7
Theories of the various types of therapies			1.6
Using the various types of counseling*			1.6

*These items were grouped as skills. All other items were grouped as knowledges.

TABLE 14

AREA V: TESTING ITEMS CONSIDERED ESSENTIAL IN THE REHABILITATION COUNSELING CURRICULUM

Item	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
	Weighted Mean	Weighted Mean	Weighted Mean
Interpreting test data to client*	1.8	1.7	1.8
Values and limitations of tests	1.7	1.7	2.0
Selection of appropriate tests	1.7	1.7	1.9
Interpreting and using test results*	1.7		2.0
Recording and integrating test data with all other types of data*	1.7	1.6	1.9
Interpreting test data to other professional personnel concerned with the case*	1.7		1.8
Principles and practices in testing	1.6		1.9
Validity and reliability of tests	1.6		1.9
Nature of measurement and evaluation			1.9
Individual and group differences in testing			1.9
Administering and scoring tests*			1.8
Standardization, scores, norms			1.6
History and trends in measurement			1.6
Theory, development, construction of tests			

*These items were grouped as skills. All other items were grouped as knowledges.

TABLE 15

AREA VI: SOCIAL AND COMMUNITY ITEMS CONSIDERED ESSENTIAL
IN THE REHABILITATION COUNSELING CURRICULUM

	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
Item	Weighted Mean	Weighted Mean	Weighted Mean
Organization, purposes, services of the various agencies in the community	1.8	1.6	
Social and economic needs of persons with the various disabilities	1.7	1.8	1.6
Soliciting, establishing, and maintaining desirable relationships with various agencies*	1.7	1.9	
Locating and utilizing community resources*	1.6	1.7	
Integrating social data with all other data*	1.6	1.7	

*These items were grouped as skills. All other items were grouped as knowledges.

TABLE 16

AREA VII: OCCUPATION ITEMS CONSIDERED ESSENTIAL
IN THE REHABILITATION COUNSELING CURRICULUM

Item	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
	Weighted Mean	Weighted Mean	Weighted Mean
Selective placement	1.9	1.9	1.7
Employability of and job opportunities for the disabled	1.9	2.0	1.7
Vocational and retraining problems of the disabled	1.9	1.8	1.7
Skills and entry requirements of various occupations	1.8	1.9	1.8
Developing a vocational plan*	1.8	1.9	1.7
Selecting training facilities and supervising training*	1.8	1.8	
Follow-up*	1.3	1.8	
Various uses of occupational and educational information in counseling	1.7	1.8	1.8
Job training	1.7	1.8	1.6
Placement agencies	1.7	1.8	
Meeting and working with employers and labor leaders*	1.7	1.6	
Occupational outlook and trends	1.6	1.6	1.7
Occupational and educational information	1.6	1.7	1.8
Criteria for, and methods of follow-up	1.6	1.7	
Using the Dictionary of Occupational Titles*	1.6	1.8	1.8
Various occupational groups and classification systems of occupations		1.9	1.8
Vocational and economic structure of society		1.7	1.6
Licenses and certification required for various occupations		1.7	
Reading and evaluating occupational literature*		1.7	1.6
Making a job analysis*		1.7	
Economic levels and returns of various occupations		1.6	
Theories and methods of job analysis		1.6	
Employer expectations and attitudes		1.6	
Collecting and maintaining an occupational file*		1.6	1.7

*These items were grouped as skills. All other items were grouped as knowledges.

TABLE 17

AREA VII: OCCUPATION ITEMS CONSIDERED NON-ESSENTIAL IN THE REHABILITATION COUNSELING CURRICULUM

	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
Item	Weighted Mean	Weighted Mean	Weighted Mean
Theories and methods of job evaluation	1.0		.9
Structure, policies of unions	1.0		.9
Role of occupational specialists	1.0		1.0
Research in the various occupations	.9	.8	1.0
History and development of various occupations	.7	1.0	.6
Occupational safety and hygiene			1.0
Employer-employee-union relationships			.9
Labor legislation			.9

TABLE 18

AREA VIII: CASEWORK ITEMS CONSIDERED ESSENTIAL IN
THE REHABILITATION COUNSELING CURRICULUM

	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
Item	Weighted Mean	Weighted Mean	Weighted Mean
Techniques of developing and handling a case*	1.9	1.6	
Integrating and synthesizing data; case recording*	1.9	1.6	
Methods of case recording	1.8		
Methods of integrating, synthesizing and evaluating data	1.8	1.7	
Casework with various disabilities and disorders*	1.8	1.6	
Managing several cases at one time*	1.8	1.6	
Principles and techniques of casework	1.7		
Techniques of case development	1.7		
Methods and techniques of referral	1.7	1.6	
Making referrals*	1.7	1.6	
Various dispositions of cases	1.6		

*These items were grouped as skills. All other items were grouped as knowledges.

TABLE 19

AREA IX: RESEARCH AND STATISTICS ITEMS CONSIDERED ESSENTIAL
IN THE REHABILITATION COUNSELING CURRICULUM

	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
Item	Weighted Mean	Weighted Mean	Weighted Mean
Scientific method		1.6	
Elementary statistics			1.6
Using elementary statistics*			1.6

*These items were grouped as skills. All other items were grouped as knowledges.

TABLE 20

AREA IX: RESEARCH AND STATISTICS ITEMS CONSIDERED NON-ESSENTIAL
IN THE REHABILITATION COUNSELING CURRICULUM

	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
Item	Weighted Mean	Weighted Mean	Weighted Mean
Using elementary statistics*	1.0	1.0	
Scientific method	.9		
Elementary statistics	.9		
Collecting, analyzing, summarizing and interpreting data*	.9	.7	
Methods of research	.8	1.0	
Application of research to the various discipline	.8	1.0	1.0
Role of statistics in research	.7		
Agencies set up for the purpose of research	.7	1.0	.7
Evaluating research and statistical techniques*	.6	.7	1.0
Advanced statistics	.5	.5	1.0
Setting up a research design*	.5	.6	.7
Using advanced statistics*	.5	.5	.8
Using calculator and other computational devices*	.3	.3	.5

*These items were grouped as skills. All other items were grouped as knowledges.

TABLE 21

AREA X: PROFESSIONAL COUNSELOR ACTIVITY ITEMS CONSIDERED ESSENTIAL
IN THE REHABILITATION COUNSELING CURRICULUM

	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
Item	Weighted Mean	Weighted Mean	Weighted Mean
Duties and responsibilities of the counselor	1.9	1.8	1.9
Methods and techniques of interpreting rehabilitation to business, industry, community	1.9	1.7	
Professional growth on the job	1.8	1.8	1.8
Principles and techniques of teamwork	1.8	1.8	1.8
Roles of the various disciplines on the team	1.8	1.8	1.7
Methods and principles of public relations	1.8		
Teamwork*	1.8	1.9	1.6
Interpreting rehabilitation to business and industry, labor and management, community*	1.8	1.7	
Code of professional ethics of all disciplines with which the counselor works	1.7	1.7	1.6
Applying and maintaining ethical procedures*	1.7	1.7	1.6
Participating and contributing to staff development work for professional growth*	1.7	1.8	1.6
Working with various community groups*	1.7	1.8	
Applying techniques of public relations and publicity for benefit of rehabilitation*	1.6		

*These items were grouped as skills. All other items were grouped as knowledges.

TABLE 22

AREA XI: FIELDWORK ITEMS CONSIDERED ESSENTIAL IN THE REHABILITATION
COUNSELING CURRICULUM

Item	State Employed Counselors	Privately Employed Counselors	Veterans Adminis- tration Counselors
	Weighted Mean	Weighted Mean	Weighted Mean
Initial interviewing; counseling*	1.9	1.9	1.9
Hospitals	1.8	1.7	
State agencies	1.8	1.7	
Visit to home of client	1.8		
Participating in the case development of various types of disabilities*	1.8	1.9	1.8
Recording, writing, filing reports*	1.8	1.8	1.7
Integrating, synthesizing, interpreting data from all sources*	1.8	1.7	1.9
Contacting and working with other professional personnel*	1.8	1.8	1.7
Contacting and working with employers*	1.8	1.7	
Planning and budgeting time for management of individual case and over-all case load*	1.8	1.8	
Rehabilitation centers and workshops	1.7	1.9	
Medical and specialized clinics	1.7	1.7	
Employment service agencies	1.7	1.7	
Case conference by a team	1.7	1.8	
Training agencies	1.7	1.8	
Staff meeting in a rehabilitation agency	1.7	1.9	
Carrying not less than one case from its initiation to its completion*	1.7	1.9	1.8
State institutions	1.6	1.7	
Various businesses and industries	1.6	1.7	
Professional association meetings	1.6		
Volunteer agencies		1.6	
Administering and scoring tests*			1.8

*These items were grouped under supervised practice. All other items were grouped under visitation and observation.

TABLE 23
LENGTH OF SUPERVISED PRACTICE PERIOD RECOMMENDED
BY REHABILITATION COUNSELORS

Weeks of practice	State Employed Counselors		Privately Employed Counselors		Veterans Adminis- tration Counselors		Grand Total	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
27 and over	1	5.56	7	6.36	12	24.00	20	11.24
19-26	2	11.11	12	10.90	4	8.00	18	10.11
12-18	7	38.89	47	42.72	24	48.00	78	43.87
0-11	8	44.44	30	27.27	6	12.00	44	24.66
No answer	0	.00	14	12.72	4	8.00	18	10.11
Total	18	. . .	110	. . .	50	. . .	178	. . .

TABLE 24

TOTAL WEIGHTED MEANS AND RANK OF MAJOR AREAS
BY THREE COUNSELOR GROUPS

Area	State Employed Counselors		Privately Employed Counselors		Veterans Adminis- tration Counselors		Combined Total	
	Weighted Mean	Rank	Weighted Mean	Rank	Weighted Mean	Rank	Weighted Mean	Rank
VIII	1.700	1.5	1.492	6	1.231	9	1.474	7
X	1.700	1.5	1.647	3	1.447	4	1.598	2
XI	1.652	3	1.680	2	1.444	5	1.592	3
IV	1.638	4	1.681	1	1.669	2	1.663	1
III	1.506	5	1.549	5	1.654	3	1.569	4
VII	1.457	6	1.594	4	1.383	6	1.478	6
VI	1.437	7	1.413	8	1.200	10	1.350	9
V	1.424	8	1.365	9	1.706	1	1.479	5
I	1.419	9	1.422	7	1.263	7	1.369	8
II	1.417	10	1.340	10	1.243	8	1.333	10
IX	.700	11	.854	11	1.069	11	.874	11

TABLE 25

GEOGRAPHICAL DISTRIBUTION OF COUNSELOR
PARTICIPANTS BY STATE

State	State Employed Counselors	Privately Employed Counselors	Veterans Administration Counselors
Alabama	3		1
Arizona	2		1
Arkansas	3		1
California	8	2	2
Colorado	2		1
Connecticut	2	1	1
Delaware		1	
District of Columbia	2		1
Florida	4		1
Georgia	5		1
Idaho	1		
Illinois	4	1	
Indiana	2		1
Iowa	2	1	1
Kansas	2		
Kentucky	2	1	1
Louisiana	4		2
Maine	1		1
Maryland	3		1
Massachusetts	2	2	1
Michigan	4		1
Minnesota	1		1
Mississippi	1		1
Missouri		1	2
Montana	1		
Nebraska	2		1
Nevada	1		
New Hampshire	1		1
New Jersey	3		1
New Mexico	1		1
New York		3	5
North Carolina	3		1
North Dakota	2		1
Ohio		3	2
Oklahoma	3		1
Oregon	2		1
Pennsylvania	6		3
Rhode Island	2		1

TABLE 25 (continued)
GEOGRAPHICAL DISTRIBUTION OF COUNSELOR
PARTICIPANTS BY STATE

State	State Employed Counselors	Privately Employed Counselors	Veterans Administration Counselors
South Carolina	2		1
South Dakota	1		1
Tennessee	2		1
Texas	5		5
Utah	2		1
Vermont			1
Virginia	3		
Washington	3	1	1
West Virginia	4		1
Wisconsin	3	1	1
Wyoming	1		1
Total	113	18	56