

THE
PROFESSIONAL
PRACTICE OF
REHABILITATION
COUNSELING

Editors

Dennis R. Maki

Vilia M. Tarvydas

The Professional Practice of Rehabilitation Counseling

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Dr. Dennis R. Maki is a professor with the Graduate Programs in Rehabilitation and Chair of the Department of Rehabilitation and Counselor Education at The University of Iowa. Dr. Maki has had over 40 years of experience as a rehabilitation counselor, educator, and researcher. His scholarly interests lie in rehabilitation counseling, especially its philosophy, identity, and standards of practice. He has also written in the area of clinical supervision, assessment, graduate rehabilitation counselor education, and cross-cultural issues related to disability and rehabilitation. Dr. Maki has served as a visiting professor at the Universidad de Puerto Rico and the Universidad Autonoma de Yucatan. He spent May 1994 in Africa as a World Rehabilitation Fund Fellow, where he researched traditional medicine and disability. Previously, Dr. Maki taught Vocational Psychology at the IKIP in Jogjakarta, Indonesia. He was invited to Oxford University's 2005 Roundtable on Accommodating the Needs of Persons with Disability. Dr. Maki is a past president of the Council on Rehabilitation Education (CORE), a past president of the American Rehabilitation Counseling Association, as well as a Former CRCC Commissioner. He was selected as the Rehabilitation Educator of the Year by the National Council on Rehabilitation Education. Dr. Maki has been a consistent contributor to the professional literature in our profession and is the coeditor of four texts, *The Professional Practice of Rehabilitation Counseling* (2011), *The Handbook of Rehabilitation Counseling* (2003), *Rehabilitation Counseling: Profession and Practice* (1997), and *Applied Rehabilitation Counseling* (1986), as well as the *Directory of Doctoral Study with Rehabilitation* (1985, 1992, 2000, 2007).

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Dr. Vilia Tarvydas is a professor of Rehabilitation and Counselor Education and Director of the Institute on Disabilities and Rehabilitation Ethics (I-DARE). She has worked in rehabilitation practice in traumatic brain injury and physical rehabilitation, and as a rehabilitation counselor educator for almost 40 years. Her scholarly works and national and international presentations have concentrated on the areas of ethics, ethical decision-making, and professional governance and standards. She has published extensively in these areas, and aside from this text, she is coauthor of *Counseling Ethics and Decision Making* (2007), a revised third edition of her earlier book, *Ethical and Professional Issues in Counseling*. Dr. Tarvydas has a career-long involvement in counseling professionalization, ethics, and credentialing. She served as Chair of the Iowa Board of Behavioral Science Examiners, and its Disciplinary Committee. She served on the ACA Licensure Committee for many years and more recently served on the Oversight Committee for the joint AASCB/ACA 20/20 Initiative. She also has had extensive experience in counselor certification, having served for 8 years with CRCC as Vice-Chair and Secretary, on the Examination and Research Committee, and as Chair of the Ethics Committee. Dr. Tarvydas is a Past President of three national professional organizations: the National Council on Rehabilitation Education, the American Rehabilitation Counseling Association, and the American Association of State Counseling Boards. She has been a member of the ACA Ethics Committee and the American Occupational Therapy Association's Judicial Council. She was a member of the ACA Taskforce on Revision of the Code of Ethics that produced the 2005 The ACA Code of Ethics. She chaired the groups that developed the 1987 unified Code of Ethics for Professional Rehabilitation Counselors and served on the Task Force that drafted the 2002 CRCC Code of Professional Ethics. Most recently, she was the Chair of the CRCC Task Force on Code Revision that produced the writing of the 2010 Code.

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Vilia M. Tarvydas, PhD, LMHC, CRC

Editors


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*To Dr. T. F. Riggan ...
Professor, mentor, colleague, and friend (1944–2007)*

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1995–96	Michael Leahy		

Contents

Contributors *xi*

Foreword, by Jane E. Myers *xv*

Acknowledgments *xix*

INTRODUCTION

1. Rehabilitation Counseling: A Specialty Practice of the Counseling Profession 3
Dennis R. Maki and Vilia M. Tarvydas

FOUNDATIONS

2. Evolution of Counseling and Its Specializations 17
Theodore P. Remley
3. History of Rehabilitation Counseling 39
Amos P. Sales
4. Disability Policy and Law 61
Susanne Bruyère and Beth Reiter
5. Concepts and Paradigms in Rehabilitation Counseling 83
Dennis R. Maki

PERSONS WITH DISABILITIES

6. The Person With a Disability 111
Margaret A. Nosek
7. Family and Relationship Issues 131
R. Rocco Cottone
8. The Disability Rights Community 147
Michael T. Hartley
9. Disability Issues in a Global Context 165
Lisa Lopez Levers

PROFESSIONAL FUNCTIONS

10. Qualified Providers of Rehabilitation Counseling Services 193
Michael J. Leahy
11. Assessment 213
Norman L. Berven and Mary O'Connor Drout
12. Counseling 241
Mark A. Stebnicki

- 13. Case Management 269
David P. Moxley
- 14. Advocacy 297
William Ming Liu and Rebecca L. Toporek
- 15. Career Development, Vocational Behavior, and Work Adjustment 311
David R. Strauser, Alex W. K. Wong, and Deidre O'Sullivan

PROFESSIONAL COMPETENCIES

- 16. Ethics and Ethics Decision Making 339
Vilia M. Tarvydas
- 17. Cultural Competence 371
Brenda Y. Cartwright, Debra A. Harley, and Jennifer L. Burris
- 18. Evidence-Based Practice and Research Utilization 391
Fong Chan, Connie Sung, Veronica Muller, Chia-Chiang Wang, Mayu Fujikawa, and Catherine A. Anderson
- 19. Technology 413
Mary Barros-Bailey
- 20. Clinical Supervision 429
James T. Herbert

APPENDICES

- A. Acronyms for Common Terms in Rehabilitation Counseling 449
 - B. Scope of Practice for Rehabilitation Counseling 455
 - C. Code of Professional Ethics for Rehabilitation Counselors 458
- Index* 493

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Foreword

A rehabilitation counselor is a counselor . . .

Through this book, and with these six words, Dennis Maki and Vilia Tarvydas have accomplished what many thought was impossible. They have clearly defined the profession of rehabilitation counseling, contextualized it as a specialty of professional counseling, delimited the scope of practice of rehabilitation counseling consistent with the broader profession, and simultaneously identified what is unique about this specialty. Thus ends a long history of questions and occasional conflict, and thus begins the true actualization of a professional rehabilitation counseling that stands at the forefront in creating sustained positive change in the holistic well being of persons with disabilities.

Leaving behind the uncertainty of professional definition, the authors proceed in this revised and expanded edition of their foundation text to lead, educate, and challenge readers to be the best that we can be in service to others, on behalf of others, steeped in a philosophy of personal empowerment through effective counseling, advocacy for our clients and our profession, and leadership through both advocacy and professional service. They help us know that we are engaged in a most noble profession, one that motivates each of us to become and be our very best. Each student is encouraged to commit to a lifetime of learning, to constantly integrate new knowledge to achieve an ever-better quality of professional service. Each rehabilitation educator is encouraged to model that commitment through continued learning, high-quality research that informs practice, and professional leadership that promotes practitioners as well as the field itself. Each practitioner is similarly encouraged to seek, use, and generate new knowledge to enhance the quality of services to clients.

The authors underscore the evidence-based nature of practice in rehabilitation counseling, citing both the broader generic counseling literature and the specialized literature in rehabilitation counseling and services. They leave nothing out, emphasizing the need for all counselors to constantly enhance our knowledge base and contribute to that knowledge base on behalf of other professionals and the clients we serve. Throughout the book, the science of practice is seamlessly integrated with the art of practice, yet at the core the authors' leave us with one overarching theme: the heart of the field lies in a desire to empower

clients to be effective advocates and change agents for themselves, their families, their communities, and society.

The book authors and the many chapter authors collectively model the best in the field. Each has a long history of excellence in teaching, professional service, research, and professional practice. Their sustained leadership and advocacy has been vital to the emergence of rehabilitation counseling as a major counseling specialty. They have worked tirelessly in professional associations (e.g., ACA, NRA, ARCA, NRCA), credentialing bodies (e.g., CORE, CACREP), and with credentialing associations (e.g., CRCC, NBCC) to assure that professionally trained rehabilitation counselors meet the highest standards of the profession, obtain credentials that are widely recognized and meaningful in the marketplace, and obtain jobs that commensurate with their professional preparation and certification.

As you read this book, prepare to be taught by the best. Read carefully, reflect frequently, integrate thoroughly, and continuously ask how this knowledge will help you become an ethical, effective, responsible, and responsive professional counselor, one with a clearly defined specialization in rehabilitation counseling. The tools are waiting to be used. As you read and immerse yourself in the foundations of the field, you will find yourself preparing for a broad scope of practice, consistent with national accreditation and certification standards in professional counseling and rehabilitation counseling. You will emerge from your training into a global marketplace where the need for your services is vital to promoting individual rights and social justice. With the tools provided here, you will be ready to meet the challenges inherent for persons with disabilities seeking to survive and thrive in a changing global society.

On a personal note, I have known the editors, especially Dr. Maki, for most of my 40+ year professional career. When we met, we shared a common bond of knowledge and philosophy, as the writings of George Wright had been seminal readings in each of our rehabilitation counseling master's degree programs. We each were early certificants and held the CRCC (I am proud to hold certificate number 78). As young rehabilitation counselor educators, we shared curriculum materials for teaching, research ideas to support the profession, and professional service roles as advocates for rehabilitation counselors. We also worked together to build the then-newly formed Rho Chi Sigma, the Rehabilitation Counseling and Services Honor Society, serving both as newsletter editors and as presidents, and taking on any other duties that needed to be addressed. In the late 1908s, Rho Chi Sigma merged with Chi Sigma Iota, the Counseling Academic and Professional Honor Society International, in recognition that rehabilitation counseling was a part of the larger profession of counseling.

Though I met Vilia much later, I have had numerous opportunities to be impressed with her effective and consistent advocacy on behalf of our profession. She has devoted countless hours to professional service, helping to lead the profession forward while conducting and publishing high-quality research, and, like her co-editor, training future generations of rehabilitation counselors to meet the needs of persons with disabilities.

Consistent with their years of advocacy and service that I have witnessed and shared over several decades, the authors have prepared this book to serve the needs of the profession, students preparing to enter the profession, and the clients and potential clients we will serve. Royalties will accrue not to the authors but to the American Rehabilitation Counseling Association, for use nationally to support professional and student needs. Kudos to Drs. Maki and Tarvydas for once more devoting their talents to leading the profession toward the possible future.

Jane E. Myers, Professor
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We thank the graduate students who helped us with research and feedback, along with their questions and life stories. We also thank Sheri W. Sussman, our editor at Springer, for encouraging us to write this fourth edition.

The editors and authors would like to acknowledge the Presidents of the National Council on Rehabilitation Education (NCRE), the National Rehabilitation Counseling Association (NRCA), and the American Rehabilitation Counseling Association (ARCA) for their leadership and outstanding contributions to the profession over the years.

We express our gratitude to the countless students whose questions and interests have caused us to remain thoughtful and passionate about the improvement of the practice and professional evolution of rehabilitation counseling. While there are many other persons to whom we should express appreciation, they are too numerous to mention here and we hope we have been gracious enough to personally express our thanks as we have worked with them. However, we do wish to acknowledge the generously given advice and critique of the prior edition of this text offered by Drs. Noel Estrada-Hernandez and Michael Hartley who assisted us in pinpointing specific areas for improvement. The expert work of our doctoral student, MooKyong Jeon, was most valuable in the development of the new instructional supplementary materials to support the book's use in the classroom. Finally, we most especially thank the authors who have generously shared their wisdom and inspired us through their contributions to this text. Many of them have shared the struggles, work, and hopes for improving rehabilitation counseling with us over the years—and for that, all of us in rehabilitation counseling will be forever grateful. A final acknowledgement is to note with gratitude that we have enjoyed a rich professional partnership and personal friendship over the years that have allowed us to develop our ideas and professional passions with the support of a valued colleague.

We hope that readers will respond with excitement to imagining the futures that excellence in professional practice in rehabilitation counseling may bring them, and take to heart the knowledge and wisdom that our authors have sought to impart to them to guide them on this journey.

The Professional Practice of Rehabilitation Counseling

I

Introduction

1

Rehabilitation Counseling: A Specialty Practice of the Counseling Profession

Dennis R. Maki and Vilia M. Tarvydas

We say seeing is believing but actually, as Santayana pointed out, we are all much better at believing than seeing.

Robert Anton Wilson

For many years, rehabilitation counseling has struggled with development and identity issues that have both excited constructive development and diminished energy and resources that could have better defined its practice. The authors have had the good fortune of entering the field, experiencing the practice of rehabilitation counseling, and providing leadership for some of its professionalization efforts during many fascinating and crucial junctures in the last few decades. We have also had the good fortune of both deeply loving the philosophy and practice of rehabilitation counseling and of forming a productive partnership in our work as rehabilitation counselor educators at the University of Iowa over the last two decades. The ideas and information contained in this text provide a necessary re-structuring of rehabilitation counseling around a clear point of view on its nature and future. This point of view makes a choice in the timeworn debate about whether rehabilitation counseling at its core is essentially counseling or case management. It defines an exciting and transcendent view of the potential future for rehabilitation counselors by firmly focusing on the unique and important partnership its practitioners have with persons with disabilities and yet mindful of the critical grounding we must maintain with the profession of counseling and its standards. Future clients and students seeking to enter the field can derive greater benefit from such clarity of perspective and commitment to one vision that seeks to integrate rehabilitation counseling's practitioners with the strongest potential for excellence in practice and best opportunities in future years.

THE IOWA POINT OF VIEW: REHABILITATION COUNSELING IS A SPECIALTY PRACTICE OF THE COUNSELING PROFESSION

On the face of it, the above statement would appear to be a simple, declarative sentence, and it is our view that we can now make it so. However, the complex evolution of rehabilitation counseling and the growth pains attendant to it would indicate otherwise.

There has been a natural progression from the inception of rehabilitation counseling in legislation to its current recognition as a specialization of the counseling profession. Major changes have occurred in the evolution of rehabilitation counseling over the last several years that will be highlighted in this text. The major and most critical difference distinguishing this text from others in the field is the clear affiliation of the field with the profession of counseling. The professional identity of a rehabilitation counselor as a counselor has wide formal endorsement by the major professional organizations in rehabilitation counseling. This identity has been endorsed by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the members of the Rehabilitation Counseling Consortium (RCC) (CORE, CRCC, ARCA, NRCA, NCRE, CARP, IARP, and ADARA). This declaration comes following the adoption of a definition by these major professional rehabilitation counseling organizations consistent with this understanding:

A rehabilitation counselor is a counselor who possesses the specialized knowledge, skills, and attitudes needed to collaborate in a professional relationship with persons with disabilities to achieve their personal, social, psychological, and vocational goals. (RCC, 2005)

Subsequently, this identity statement and definition have informed the accreditation and certification processes within the field. As a result, professional information placed specifically and clearly within the context of the overall profession of counseling is needed. This text is intended to meet this goal.

With this perspective, it is important that we join the Consortium in making an ongoing commitment to ensure that rehabilitation counselors have access to the credentials to practice and to the employment settings for which they are qualified (CRCC, 2004). The recent knowledge domain study (Leahy, Munzen, Saunders, & Strauser, 2009) in rehabilitation counseling indicated an increased need for pre-service and continuing education in counseling, mental health, and substance abuse. It is our view that these topics have not been sufficiently addressed in rehabilitation counseling texts. The study by Leahy et al. is the most recent in the series of studies used as a basis for both CRCC certification and CORE accreditation standards. Therefore, it is important that our text reflects many of these changes in practice.

Finally, there have been other trends in the field that are incorporated into our text including (a) an increased emphasis in recent years on educating rehabilitation and mental health professionals in empirically based practices, the

research bases for them, and learning how to incorporate them into professional practice; (b) the globalization of professional practice in rehabilitation counseling and counseling in general; (c) increased emphasis on mental health counseling knowledge and skills to enter the more specific practice of behavioral health; (d) cultural competencies and social justice perspectives to address the needs of oppressed and disadvantaged persons in a society with a radically shifting ethnic and racial composition; and (e) rising awareness of the critical importance that ethics knowledge and decision-making skills should play in professional preparation.

The “Iowa Point of View” is introduced to readers so that they can have a clear context into which to place the material that will follow. This viewpoint has been developed and successfully utilized by both authors who have been instrumental in growing and operationalizing the scope of practice for rehabilitation counseling throughout the course of our careers. Additionally, our involvement with the leadership of professional organizations and the construction of the curriculum in the Iowa program have been informed by the conviction that counseling is the core profession with which rehabilitation counseling is linked. This book elucidates the knowledge, skills, and attitudes that we believe best serve today’s rehabilitation counseling professional in a challenging and exciting career.

The perspective that rehabilitation counseling is a *specialization* within the profession of counseling is in contrast to the traditional approach many other textbooks have taken, that is, rehabilitation counseling is a unique profession. Other texts have portrayed the historic tension between the counseling, case coordination/management points of view without taking a position, or avoided the issue entirely by only presenting the case service process. We place rehabilitation counseling firmly within the profession of counseling and include information about the profession of counseling and rehabilitation counseling’s relationship to it. Some other points that are important to choices of content for this book are as follows:

- Rehabilitation counselor education and practice should include a “hybridization” of the content in rehabilitation and mental health counseling to best serve the entire range of disabilities common in practice and to reflect a truly holistic and inclusive point of view.
- Rehabilitation counselor education and practice should involve a developmental perspective relative to the client’s needs throughout the lifespan.
- Rehabilitation counselor education and practice is best conducted from the framework of an ecological, transformative rehabilitation perspective that addresses the person–environment context of disability and seeks to assist individuals with disabilities adapt to the physical and attitudinal environments in which they live, work, learn, and recreate. Simultaneously, it assists these environments to accommodate these individuals.
- Rehabilitation counselor education and practice are best conducted from a culturally competent perspective that respects the individual differences, as

well as the commonalities of both the client and the counselor. This view includes both social justice and advocacy perspectives. Rehabilitation counseling must seek a better infusion of the sensibilities and “ways of knowing” about the disability experience within the discipline of disability studies. This field and the study of the various fine arts, social science, and humanities representations of disability and the sensibilities they portray must be taken as serious source material to expand the professional viewpoint that represents the traditional teachings of the field.

We are indebted to the contributions of the past and those scholars who came before us in their thinking. With the evolution of society in our current environment and technology, there is a place for rehabilitation counselors in the delivery of behavioral health services. If they are not included, their absence is a loss of practice opportunities for its professionals. More importantly, it is also a lost opportunity for persons with disabilities to be assisted by individuals who bring advanced knowledge, skills, and attitudes related to disability, and a commitment to advocacy, a disability perspective, and rehabilitation philosophy and practices to their work.

Previously behavioral health practice has been protected by the traditions and regulations of the field of psychology, particularly with respect to the assessment and treatment processes. Historically, these are core regimens of behavioral health practice. Rehabilitation counseling has moved from the medical model of the provider as the expert who looks within the individual as the target of intervention, to a more fully realized, ecological understanding of the role of the environments in which the individual lives, works, learns, and recreates. We are in the best position at this point to synthesize and properly harmonize the disparate elements of the rehabilitation and disability perspectives with those derived from the medical world of behavioral health professions. However, in order to ethically assert our place in the practice of behavioral health, we must have an education and professional preparation program that embraces and integrates all the necessary elements to practice responsibly and with skill and respect. For example, stronger attention to such areas as evidence-based practices and diagnosis and treatment of psychiatric disorders are necessary. Enhanced educational and professional standards that attend to the integration of the traditional and new aspects of our roles would better inform all those who have a stake in the proper definition of rehabilitation counseling practice—regulators, those seeking to enter the practice, colleagues in behavioral health, and the persons and the families of those in need of these services.

The rehabilitation counseling philosophy views clients as decision makers in their own lives. This perspective is predicated on clients making meaning of their lives in their current circumstances. Making meaning requires informed consent; that is, being given accurate and complete information about the choices in a manner that is useful and tailored to the needs of the client. This is essential to the quality of the client’s ability to make informed choices. Professional rehabilitation counselors should be educated and prepared to provide such services

within their professional and individual scopes of practice. However, the parameters of a profession's scope of practice periodically must be revised to meet the evolving needs of society and the individuals whom it serves. The types of persons served by rehabilitation counselors, their residual assets and limitations that impact their quality of life (QOL), and their successful integration into their responsibilities and communities have substantially expanded over the years. A growing awareness and appreciation of individuals within the context of their culture as well as the advances of technology and a broadening research base of best practice require more intense pre-service preparation and commitment to ongoing continuing education.

This text seeks to highlight some of these critical areas of emerging importance while still providing the most up-to-date information about more traditional aspects of rehabilitation counseling practice. These traditional aspects are more fully realized through their integration and synthesis in the professional practice of counseling. Rehabilitation counseling should be incorporating the emerging trends of counseling into the body of its practice.

FRAMING THE DISCUSSION

The underlying premise of this text is one of *professional identity*; that is, rehabilitation counseling is not a separate and distinct profession with its own accreditation and certification processes. It is a specialty area of practice within the counseling profession. Rehabilitation counselors are counselors. This text is the first text to move beyond the historically contentious debate about the nature of rehabilitation counseling that has cost the field and its clients so much.

As George Wright (1980) pointed out, "counseling is inherent in rehabilitation counseling; this is a nontransferable obligation of the rehabilitation counselor . . . the ultimate professional responsibility for the function of counseling cannot be delegated" (p. 55). Our scope of practice, accreditation standards, and certification requirements support our identity as counselors. With our counseling skills as well as disability and rehabilitation expertise, we also perform functions such as case management, advocacy, and consultation when working with our clients in achieving their individualized goals. The fact that we do more than counsel does not compromise our primary identity as counselors nor does it diminish our other essential functions. To embrace our core identity as counselors is not incompatible with, or disrespectful to, the rehabilitation counselors who choose to work in areas of practice that are not titled counselor or are not primarily counseling in function. It is, in fact, embracing the broadest scope of practice possible.

With the growth in the diversity of clients and settings in which rehabilitation counselors practice, our role has evolved. The functions and competencies of individual practitioners have expanded as well. Counseling skills are an essential component of all activities undertaken by the professional throughout the rehabilitation process. It is the specialized knowledge of disabilities, the disability experience, and the socio-political-environmental factors that impact

people with disabilities combined with counseling skills that help differentiate us from social workers, other counselors, and other rehabilitation professionals in today's service environments (Jenkins, Patterson, & Szymanski, 1992; Leahy & Szymanski, 1995).

Our professional identity as counselors has implications for *credentialing*. This text is predicated on creating the most robust practitioner—a licensed mental health or professional counselor with a certification in rehabilitation counseling. In the tradition of the core professions, we advocate for the licensure of the counseling generalist and for certification of the rehabilitation specialist. CORE accredited programs and their graduates have a vested interest in the counselor licensure movement. It is critical to have qualified rehabilitation counselors advocating for language that permits our inclusion in state counseling licensure statutes and regulations.

Both rehabilitation counseling accreditation and certification standards are clearly aligned with its identity as a counseling specialty. CRCC's conjunctive scoring protocol requires an applicant to pass both the counseling and rehabilitation sections of the CRC exam. The 2009–2014 CORE accreditation standards are based on the CRCC knowledge domain validation studies and input from multiple stakeholders. Furthermore, the CORE standards are configured to parallel the first eight general counseling standards of CACREP. These eight parallel curriculum standard areas include the following: C.1 Professional Identity; C.2 Social and Cultural Diversity Issues; C.3 Human Growth and Development; C.4 Employment and Career Development; C.5 Counseling and Consultation; C.6 Group Work; C.7 Assessment; and C.8 Research and Program Evaluation. Two additional areas of specialized rehabilitation counseling standards are C.9 Medical, Functional, Environmental and Psychosocial Aspects of Disability and C.10 Rehabilitation Services and Resources. Without acceptable coursework covering the final two areas and an internship supervised by a CRC, no one can claim the identity of rehabilitation counselor or become a CRC. This strategy requires the accredited master's programs to prepare graduates in both the counseling and rehabilitation competencies.

It is interesting to observe that of all counseling specialties, rehabilitation counselors actually are most clearly aligned with the practice of mental health counseling and are practitioners of mental health counseling. In fact, in the 1970s when the current specialization of mental health counseling initially was being formed, it was a part of ARCA. As the mental health counseling interests became more clearly defined, its proponents sought an interest group within ARCA. When that vehicle did not evolve, they separated and formed the American Mental Health Counseling Association (AMCHA), also a division within the American Counseling Association (ACA). When in the 1980s the Academy of Mental Health Certification was experiencing financial difficulties, it approached the Commission on Rehabilitation Counselor Certification to discuss the possibility of becoming a specialty certification within CRCC, a bid that CRCC did not encourage at that time.

If one thinks objectively about which types of counselors practice most directly with people who have cognitive and emotional disorders, one would have to admit that rehabilitation counselors always have been primary providers of counseling services to persons with mental health disabilities. Rehabilitation counselors have developed advanced expertise in this area and provided innovative treatment models to serve persons with psychiatric disabilities. Witness the evolution of the highly respected psychiatric rehabilitation programs and models such as that developed at Boston University by Dr. Bill Anthony and his colleagues. Anthony is clear that this psychiatric rehabilitation model was based on traditional rehabilitation counseling practices (Anthony, Cohen, & Farkas, 1990). Additionally, rehabilitation counselors have always found it in their mission to work with those persons who experience the greatest stigma and biggest barriers to living their lives with a disability. At this point in our history, persons with psychiatric disorders would certainly be the group most in need of professionals who carry this perspective and have the requisite skills to assist them (Corrigan & Lam, 2007). Therefore, rehabilitation counselors should be practitioners of mental health counseling or psychiatric rehabilitation.

Currently, rehabilitation counselors are being called upon again to work with wounded veterans as they return from Iraq and Afghanistan toward their medical and vocational reintegration. Today's veterans' "signature injuries" are cognitive and emotional injuries calling upon those who serve them to add strong mental health counseling skills to serve those recovering from primarily traumatic brain injuries and psychiatric disorders (Isham et al., 2010). This involvement with returning veterans is also a valued part of the tradition of rehabilitation counseling practice that should spur innovation and further development of relevant areas of expertise.

The credentialing bodies of rehabilitation counseling (CORE and CRCC) have been recognized by the ACA as having parity with CACREP and NBCC (Tarvydas, Leahy, & Zanskas, 2009) by virtue of its unique and robust mission and required skill set. A professional rehabilitation counselor prepared with the core knowledge and competencies in addition to the critical and cutting edge counseling content is a fully and expertly prepared counselor ready to meet the holistic needs of the widest range of contemporary clients and settings.

In addition to the preparation and credentialing standards, the *professional organizations* with which professionals choose to align themselves have historical, philosophical, as well as practical implications. Professional identity is important and a part of this choice. The associations and organizations with which rehabilitation counselors choose to affiliate reflect their professional identities. Each professional must choose from the options available. Some organizations historically had been predicated on the idea that rehabilitation counseling is a separate profession, and others are based on the idea that rehabilitation counseling is a professional specialization of the counseling profession. Since there has been movement toward alignment around the identity of a rehabilitation counselor as professional counselor, rehabilitation counselors should support and

become active in an organization that provides this knowledge base and identity, even if they hold additional affiliations to supplement this focus.

In recent years the involvement and stature of rehabilitation counseling organizations in the professional discussions of counseling has been expanded through the participation and affirmation of CORE, CRCC, ARCA, and NRCA in the work of the 20/20 Initiative. The 20/20 Initiative is maintained by the ACA and AACSB to facilitate the unification of the counseling profession, and foster collaborative discussion among the counseling constituency issues of mutual concern. The 20/20 Initiative required all participating organizations to endorse the unified definition of counseling as well as the seven core principles of counseling:

1. Sharing a common professional identity is critical for counselors.
2. Presenting ourselves as a unified profession has multiple benefits.
3. Working together to improve the public perception of counseling and to advocate for professional issues will strengthen the profession.
4. Creating a portability system for licensure will benefit counselors and strengthen the counseling profession.
5. Expanding and promoting our research base is essential to the efficacy of professional counselors and to the public perception of the profession.
6. Focusing on students and prospective students is necessary to ensure the ongoing health of the counseling profession.
7. Promoting client welfare and advocating for the populations we serve is the primary focus of the counseling profession.

It is true that all movements require time for their implications to become clear to all participants. However, it is also true that the decisions that have already been made will drive the future development and agenda of all participants no matter what their individual levels of awareness or endorsement. It is our belief that to be ethical, leaders in academe must prepare their students to have the most robust careers available to them upon graduation. They should be able to access all positions and credentials and work for which they are qualified. These marketplaces and credentials have in the past been restricted from rehabilitation counselors, especially those whose identity and credentials were not in compliance with the counseling marketplace. The historical identity of rehabilitation counselors as vocational rehabilitation counselors prioritized vocational rehabilitation in its identity and credentials, and diverted attention from the capabilities necessary to engage in the full domain of counseling professional practice.

The pre-service curriculum and the educators who design and deliver it set the foundation for their students' identities—be it as counselors, case managers, or job placement professionals. In the earlier years of rehabilitation counseling, educators clearly defined identities around vocational rehabilitation and case management. This focus served a positive purpose for its time, given its historic link to state-federal legislation and service delivery systems. Any system that over-emphasizes the importance of case management services,

be it vocational or insurance rehabilitation, also restricts the realization of the full spectrum of the field's competency and services. Therefore, it does not attend to the full range of needs that clients bring to rehabilitation counselors who espouse a holistic model of service and have a title that includes the word counselor. Likewise, those entering the profession who expect to be prepared to become professional counselors may find great confusion and difficulty with their identities. A restricted identity ultimately has not served our practitioners well in the community. Most people say "I'm a rehab counselor" and if asked to be more specific, they may not have a clear, succinct answer to offer their inquirer—thus reflecting the confusion of the field of rehabilitation counseling. We intend to provide a clear answer—"I am a counselor who works with people who have disabilities"—no matter whether the disability is mental illness or some other type of disability.

So we are counselors and we see advantage in alignment with counseling. What does this mean for the design and content of *educational programs*? This text is best understood from the viewpoint that we must continue to perfect the preparation of qualified providers of rehabilitation counseling services. A qualified provider has a graduate degree in rehabilitation counseling or closely related program from an accredited program and is nationally certified and licensed in those states where it is available.

It is important to support a comprehensive rehabilitation career ladder through rehabilitation education from the associate through the doctoral degree. We must acknowledge the critical nature of all points on this career ladder spectrum. Undergraduate preparation programs in disability studies/human relations have an important role in preparing staff at the technician or paraprofessional level. The master's is the core level of education that prepares individuals for professional practice with its affiliated licenses and certification. We endorse the master's preparation as the basis for professional practice and acknowledge the preparatory work of undergraduates and their curricula. Finally, we see the doctoral programs in rehabilitation counselor education as an important element in advancing research, preparing future professionals (capacity building), and providing leadership to the profession of rehabilitation counseling. We acknowledge that all parts of this continuum of preparation are important, but professional practice is seated at the master's level.

OVERVIEW OF BOOK

Intended Audience

This text is intended to be useful to a wide range of readers and can readily serve as a core textbook or resource to explain the history, development, and current practice of rehabilitation counselors within the context of the contemporary profession of counseling. While most clearly useful to counselors-in-training, we think that those rehabilitation counselors at the doctoral level or already

in practice who are interested in re-examining the field and understanding its broader positioning and potential will find this text appealing.

Features of the Text

In addition to the refreshed content and updated perspective described in the introduction, several new features have been added to assist both instructors and students in gaining full benefit of this volume. Learning objectives begin each chapter, and discussion questions are provided at the conclusion of the chapter to expand the understanding and relevance of the material covered in the text. Additionally, the appendices that readers of earlier editions of this text had found so helpful are updated and expanded to provide key reference materials of importance. Of particular note is the inclusion of the newly revised CRCC 2010 Code of Professional Ethics for Rehabilitation Counselors.

Sections and Chapters

The Professional Practice of Rehabilitation Counseling consists of 20 chapters that are divided into four sections to emphasize different themes that are important to understanding both the people and types of situations with which rehabilitation counselors work and the specific roles and skill sets that describe professional practice.

Part I: Foundations consists of basic information about the structure and professional practice of rehabilitation counseling. It is here that the evolution and new vision of rehabilitation counseling as a specialty practice of the profession of counseling is introduced. However, this perspective is integrated with the important traditional aspects of the field's history, credentialing structures, disability policy and laws, and a conceptual paradigm to undergird its practice.

Part II: Persons With Disability is a section that is new to this edition of the text. The section serves the important role of introducing the reader to the rehabilitation counselor's most important partner in the counseling process—the person with a disability. The chapters are presented to situate the lives of persons with disabilities by focusing on hierarchically arranged contexts in their lives—moving from individual, to family and intimate relationships, to the disability community, and finally to disability in global context. Care was taken to emphasize the experience, not only the facts, of disability, and to give particular attention to the voices of persons with disabilities themselves through discussion of the disability community/disability rights perspective that is too often superficially treated.

In *Part III: Professional Functions*, we return to a focus on the professional practice of rehabilitation counseling and introduce the specific functions that constitute the work of rehabilitation counseling: assessment, counseling, case management, advocacy, and career development, vocational behavior, and work

adjustment of individuals with disabilities. These core functions are masterfully presented by authorities who describe the core elements of each area, but taken together they sketch out the broad parameters of the professional scope of practice in this robust field.

Finally, *Part IV: Professional Competencies* introduces the competencies that provide the types of skills, knowledge, and attitudes that must infuse the practice of rehabilitation counseling because of their pervasive and overarching importance in all aspects of practice. The areas of ethics, ethical decision making, and cultural competency are widely acknowledged as major forces for professionalism and are considered at the outset of the section. The adoption of evidence-based practices and broader issues of research utilization, and increased prominence of technology used in rehabilitation are forces for innovation and critical to maintaining current practice. Fittingly, in the last chapter of this section, clinical supervision is discussed as it performs a critical translational and evaluative role in both the initial education and continual improvement of our professional colleagues.

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