UC Berkeley

Title

An Evaluation of Rehabilitation Counselor Training Programs from the Perspective of Disabled Clients

Permalink

https://escholarship.org/uc/item/82z5x7b9

Authors

Biscamp, Larry
Taylor, Judy
Willsmore, Herbert
et al.

Publication Date

1972-05-01

AN EVALUATION OF REHABILITATION COUNSELOR TRAINING PROGRAMS
FROM THE PERSPECTIVE OF DISABLED CLIENTS

by

Larry Biscamp, Judy Taylor, and Herbert Willsmore

with

Charles Cole

May 1972

Working Paper No. 176/RS006

Frederick C. Collignon, Project Director - Michael B. Teitz, Principal Investigator

Project for Cost Benefit Analysis and Evaluation of Rehabilitation Services

FOREWORD

This paper is unique within the literature on evaluation of rehabilitation services programs. It provides a program evaluation from the perspective of the client rather than from the perspective of the rehabilitation professional, the social scientist, or the administrator. New insights are shed for the policymaker concerning what may be right or wrong with existing counselor training programs and how programs might be improved. What is especially intriguing is that the criticisms voiced by the clients who conducted this study are often similar to the criticisms which state agency directors have been making of university counselor training programs for several years: too much emphasis on psychiatric counseling, too little emphasis on the functional limitations associated with various disabilities, too little preparation of future counselors in caseload management and job placement skills, etc.

We believe that more program evaluations from the client perspective are needed in rehabilitation and other social service programs. Such evaluations can help the administrator understand how to improve the rehabilitation process to achieve greater client impact. Too often program evaluation studies reveal that program performance or impact is less than desired, but are unable to suggest what kinds of changes in the program could lead to an improvement in performance. Evaluations of the rehabilitation process from the client and also from the counselor

perspective can yield useful suggestions concerning why clients drop out, what are the gaps in the service network, what is the quality of the services delivered and of the delivery process, how to improve outreach and program coordination, etc.

To our surprise, this particular client evaluation is not only one of the first in the field of rehabilitation, but also one of the few which we have been able to identify in any social service program.

This study emerged out of an experimental seminar-workshop in the evaluation and analysis of rehabilitation services programs which we taught during the Winter and Spring quarters of 1970-71 in the Department of City and Regional Planning of the University of California, Berkeley. Mr. Biscamp, Mr. Willsmore and Ms. Taylor were undergraduates who enrolled in the seminar. Mr. Biscamp is a paraplegic. Mr. Willsmore and Ms. Taylor are quadriplegics. All three students were active participants in the University's Special Project for Disabled Students funded by the Office of Education, U.S. D/HEW. This program, which involves over 200 disabled students, is two years old. It grew out of a residential program for quadriplegics sponsored by the University's Cowell Hospital with funding by the California State Department of Rehabilitation. All three students had also been active with various Bay Area and California state organizations of the handicapped and were currently clients of California's vocational rehabilitation program. Mr. Cole is a Ph.D. candidate in Social Policy Planning in the Department of City and Regional Planning and has had extensive experience working with Federal government agencies and with disabled, deaf, and other minority groups. He assisted the other students by assuming responsibility for methodology, data analysis, and report editing. The conclusions drawn

in the study and the model developed for counselor training programs are very much the creation of the clients, however. One of the lessons learned during the study is that great sensitivity is required on the part of both clients (or "crips" as they called themselves) and professionals (or "walkies"), if good working relationships are to be maintained and if the study is truly to be from the client perspective.

These seminar activities were made possible by funding support for the seminar provided by the Rehabilitation Services Administration, S.R.S., D/HEW and by Abt Associates, Inc., a private corporation based in Cambridge, Mass. Although a first draft of this study was completed in June, 1971, the students required several additional months to complete analysis of the questionnaires and revise their drafts. Their activities during this period were funded by a research grant from the Rehabilitation Services Administration.

One final note is needed concerning the concept of "client." Are the "clients" of training programs the student trainees, or state rehabilitation agencies, or the disabled people whom the students would eventually serve as counselors? In the call for more consumer participation in program planning, a call which is increasingly being sounded in social service programs, more attention must be given to specifying carefully who is the consumer or client whose perspective is perceived as needed. Even in this study, it must be remembered that the disabled "clients" who conducted the study are atypical, being students at a major university and living in the liberal Berkeley community. The clients who conducted this study are probably typical, however, of the outspoken, confident, informed, and increasingly militant individuals

who are rising to the leadership of minority populations and of consumer

groups concerned with social service programs.

Frederick C. Collignon
and Michael B. Teitz
May 1, 1972

TABLE OF CONTENTS

ABSTRACT

During the Winter and Spring Quarters of 1971 a group of
California Department of Vocational Rehabilitation clients conducted
a study of rehabilitation counselor training programs funded by the
Social and Rehabilitation Service (SRS) of HEW. The study, conducted
under the auspices of a Workshop sponsored by the Department of City
and Regional Planning at the University of California, Berkeley, was
directed both at demonstrating how clients might constructively
participate in program evaluation and at discerning whether college
based programs reinforce or counter various values which the clients
had found to be implicit in the behavior of working counselors.

The study methods included collection and analysis of hard
data from 48 of 71 two-year masters degree level programs across the
country. The major efforts, however, consisted of interviews with
faculty and trainees at three typical programs located in California
supplemented by a small number of written responses by trainees
to an attitude questionnaire. Additionally, the views of local and
state level administrators and training program coordinators in the
California State Department of Rehabilitation were obtained in
interviews.

The most important finding based on the hard data survey was
that only 29% of the graduates of programs located outside the south
found employment with state vocational rehabilitation agencies. In

the south, the comparable figure was 62%; the national average was 38%.

Consistent with these national training data, faculty and student interviewees in the California training programs were hostile to a training model which focussed on the needs of a single type of agency (such as Departments of Vocational Rehabilitation and disabled individuals) and its clients.

From the perspective of the clients participating in the study, curricula were found to over-emphasize the psychological aspects of counseling per se and to contain only cursory treatements of subjects such as the nature of different disabilities as they affect the lives of those who have them. Curricula were also thought to be deficient in helping trainees to be sensitized to the technique for using and/or developing networks of community resources.

The study group was unable to detect any elements in student or program characteristics which indicated that the programs might be potential sources of "new breeds" of rehabilitation counselors, more sensitive to clients' concrete needs, prepared to act as client advocates, and trained to help clients by acting as brokers of comprehensive services in the maze of Federal, state, and local programs.

The concluding section of the study report is a suggested two-year curriculum, designed by clients as a model for aiding in development of counselors who might be more responsive to client-perceived needs.

INTRODUCTION

Evolution of a Perspective

It is seldom that clients of any type have an opportunity to look dispassionately at any of the vital processes affecting the agencies or professions which define their client-hood. In virtually every case, institutions or professions succeed in erecting barriers to the entree of clients qua clients. These barriers usually ensure that the individual client must first acquire the professional credentials required by the institution before raising any serious questions about its workings. When clients without credentials do succeed in forcing issues, it is invariably a concommitant of group action on the part of clients who have succeeded in overcoming the isolating forces which the institution commands. However, this usually occurs in a climate of mass confrontation on specific issues rather than in one of objective inquiry.

Until quite recently, confrontation tactics have been highly successful on a piecemeal basis for the considerable group of disabled students at Berkeley. The history of successful organization and action for these students covers a period of 4 1/2 years and parallels the well known period of student activism in this campus and its surrounding community. Whatever its roots, the present situation is one of a community of approximately 150 individuals which has developed

a complex of intersecting organizations which function very well as a social intrastructure and have provided a demonstrably effective means of operating in the political sphere. With increased success and organizational maturity has come a diminution in the use of unstructured confrontation tactics in favor of more systematic advocacy of individual and group interests.

These possibly unique achievements were the inadvertant result of an attempt by the California Department of Vocational Rehabilitation at innovative rehabilitation of quadriplegics known as the Cowell Residential Program. The casting together of a small group of quads who moved about the larger campus during the day and congregated socially at other times somehow resulted in the creation of a critical mass for group action. The nexus for the initial confrontation was vigorous disaffection with the patterns of attitudes and behavior displayed by professional staff associated with the Cowell project.

The alienation of the students was very probably due to the disparity in the ways in which the staff and students perceived the institutional character of the program. The staff seems to have viewed the students as inmates of a sort of "open ward" connected to a form of total institution. Clearly the staff endeavored to institute punishment mechanisms, including the threat of compulsory return to a "closed ward." An early attempt to actually utilize this sort of mechanism precipitated the first major successful group action. The early group of students came to see the program as simply a highly supportive but hopefully transitional living setting which allowed them to treat their student identities as paramount. Subsequent actions initiated by the State which were interpreted as

being threatening to the existence of the Cowell program served to

further solidify the desire to be independent of that setting with its

attendant constraints and insecurity.

Most of the early participants in the Cowell program moved out

into private housing. Two organizations, The Rolling Quads and The

Center for Independent Living, sprang up to aid in the process of

social development. The Center, which included members from a number

of different disability groups, subsequently became the nucleus

of efforts which resulted in a grant to the University from the U.S.

Office of Education to establish and operate a comprehensive off-

campus service facility for physically disabled students.

The organization actually set up to carry out the program

is formally attached to the Dean of Students' Office and is called,

simply, "Physically Disabled Students Project," or PDSP. Grant funds

have been successfully used to acquire specially modified physical

space as well as a professional staff (75% of whom are disabled) who

have enlarged the scope of student services and participation to include

a much wider array of disability groups.[1]

In a sense, while most of the students involved in these

new activities are DVR clients, the activities themselves have

taken on some dimensions of counter-institutions providing counseling

and support services in juxtaposition to those received through

---

[1] Examples of the non-academic services that have developed include
twenty-four hour availability of prosthesis repair, identification of
suitable housing in the area, a growing network of street corner
wheel chair ramps, ready availability of detailed data on access to
commercial and public buildings, development of initial and back-up
attendant care services, and, perhaps most importantly, the firm
assurance that any disabled person in the network need not be physically
or socially isolated. In this last respect, the knowledge that help
is available within minutes in the case of any physical emergency has
been invaluable.

the state agency. Another concern of the new organizations is performance of a watchdog function with respect to DVR counselor behavior in individual cases. This aspect of the activity has rapidly become more sophisticated, utilizing both formal and informal channels to local and state level administrators.

The Cowell program has, in the meantime, become less dominant in the perspective of disabled students. The hospital itself maintains some facilities (e.g. showers with wheelchair access) which are used by many students. However, it appears that most quadriplegics arriving in Berkeley in the last eighteen months have entered the community network directly. Also, some new Cowell enrollees have moved through that experience much more rapidly than the earlier groups while the majority of recent students selected by the state for Cowell have not shown as much interest in moving out.

Recently, relationships between the student activists and the agency have stabilized. This may be partially due to the students' demonstrated capacity to affect the agency's response to the marginal case. On the other hand, this very fact may have served to lower the likelihood that the Berkeley experience will have a broader impact on the agency's overall policies and practices. The students unquestionably view the Berkeley scenario with its client-run group-centered model of rehabilitation as being eminently transferable. The agency response appears to reflect a belief that this is a case of an elite in a rather specialized ambient setting and has not encouraged application of this model elsewhere.[2]

---

[2] There is, as yet, very little data to test either hypothesis. Similar student-based movements are known to have developed (aided by similar USOE grants) at U.C. Riverside and at the University of Arizona,

The participation by three disabled students in the Rehabilitation Research Workshop offered as a two-quarter experimental course beginning in January of 1971 was a part of this overall experience, and the approach was deeply affected by the much larger on-going process in which the students were involved.

The selection of the training of rehabilitation counselors as the topic of the student project was, at the time, a natural one. As one of the group members asserted:

> As disabled people and DVR clients, we have had an opportunity to observe and personnaly experience the "rehabilitation process" as a whole. All the parts or aspects which together make up this whole involve occurances and relationships which, by necessity or chance, have a significant effect on the nature of our existence. These occurances and relationships necessarily have placed us in many and varied roles, most of which are at the receiving end in a helping situation. We have played the role of patient, welfare recipient, counselee, and innumberable others of a dependent nature. In these roles we have been the object of the actions of those on the giving end, i.e. doctor, nurse, therapist, <u>counselor</u>, social worker, etc. In too many instances we have found that these associations have a dehumanizing and infuriating effect on us. Our disgust and outrage is, we feel, rooted in the questionable attitudes, knowledge, and/or ignorance, and values which the person in the helping role brings to such a relationship.

> The intent of this research project is a product of our present relationship with DVR counselors. It is apparent from our own experience and from discussions with other DVR clients that there is a very real and pervasive conflict which arises from this counselor-client relationship. It is obvious to us that the cause of this conflict is related to the attitudes, values and ignorance of many DVR counselors. Our hopes for this project were, simply stated, to gain some additional insights into how DVR counselors get to be the way they are.

---

institutions whose internal styles and surrounding communities are decidedly different from Berkeley's. The first of these two cases is at least partially a result of an apostolic role played by a quad who graduated from Berkeley; the Tucson case appears to be spontaneous although closely parallel (growing out of an attempt to deal institutionally with profoundly deaf students).

The coalescence of the students had reached a point rather analogous to that reached by other client communities who have asserted their rights to a determinant role in the selection of administrators in programs directed at improving their lot. However, the character of the agency and the relative weakness of this particular group among all the groups attempting to influence agency practice seems to have inhibited the development of a movement in this direction. The whole question of the sources of counselor behavior was an important issue and one which could not be resolved by inference or conjecture.

The workshop thus offered an opportunity to make some systematic inquiries and was a potentially useful vehicle for expressing client concerns and viewpoints about the entire rehabilitation process.

STUDY GOALS AND METHODS

The Workshop Framework

As perceived by the students, the Workshop fell under the rubric of "studio courses" used extensively in the College of Environmental Design at Berkeley. In such courses, students carry out individual or group projects usually away from the campus with periodic review sessions by the faculty. The first quarter was relatively more structured and was centered around a duality of subjects. About fifty percent of the time was spent discussing the "state of the art" in program evaluation generally. This was matched by a series of seminars led by state and local DVR personnel, Regional RSA staffers, and in one instance, by the leadership of the PDSP at Berkeley.

As the field work progressed, supervising faculty met weekly with this group as well as with students carrying out other Workshop projects. This process enabled all Workshop participants to support each others' efforts and to take advantage of faculty experiences as methodological problems arose. This was especially important in adjusting study plans to the realities encountered in the field.

There were in fact three plans utilized for this study of counselor training program. The earliest, never intended for implementation, was structured hypothetically around the assumptions of a rather conventional methodology which might be carried out by an independent group of evaluators operating in the employ of a consulting

firm. The second plan, which we actually tried to follow, represented the substantial discounts of the first to the perceived reality of disabled students who were able to work only part-time during what was effectively an eight week period prescribed by the Berkeley quarter system. Finally, since the second plan relied on some untested assumptions about the availability of specialized transport for wheel chairs, the accessibility of interviewees and the flow and processing of data, it was inevitable that the actual activity of conducting the study would generate the need for further adjustments. Furthermore, when initial data and interview results revealed the unsuitability of certain approaches (most notably those approaches related to analyzing student attitudes and characteristics), it was possible to change the approach only with respect to two of the target institutions.

At the outset we made certain projections as to the elements making up the structure and content of the training programs. These guesses included:

1. Organizational setting of the training program

2. Faculty size and characteristics

3. Curriculum characteristics

   a) course structure
   b) field work (practicum)

4. Detection Procedures and Criteria

   a) formal statements
   b) operating realities

5. Student characteristics

   a) demographic
   b) attitudinal

6. Approaches to self-evaluation

7. Employment of ex-trainees

A minimal goal of the study was to be straightforwardly descriptive of how these elements interacted in each of the three cases to be observed. The selection of this largely descriptive and potentially banal goal was based on a set of concerns for the acceptability of the study itself. The study participants were veteran participant/observers in a series of rather vivid "horror stories" concerning individual counselor and agency staff behavior. Words had passed and feelings remained quite intense. Thus, although the group had some largely personal expectations for the study, its members were quite concerned that other audiences might fault it for being overly subjective or polemic. The easy course of action would have been to proceed directly against the most disliked patterns of behavior and focus the study on the questions of the roots of such patterns.

This would probably have led to three quite different avenues of exploration than those which were actually undertaken:

(1) What were the cultural, psychological and philosophical bases implicit in the behavior?

(2) Did the training programs deliberately or unconsciously screen for students who held or could be induced to acquire the values which the Berkeley-based client group found to be so onerous?

(3) What value systems seemed to be implicit in the curricula, faculty approaches and other structural elements of the training programs? Did they reinforce, ignore or, counter the values seemingly dominant in counselor behavior as observed by clients?

(4) Was the screening process something which took place at the point of hire or did it occur in the course of absorbing training program graduates into the bureaucratic and professional sub-culture? (Was there only one rehabilitation sub-culture or were there several?)

While these questions were very interesting, they were admitted to be largely unanswerable within the confines of the workshop project.[3]

There was at least one other way in which the study was affected by participants' anticipations concerning criticisms of lack of objectivity. This had to do with another of this particular client group's identities -- that of Berkeley students. It was argued that the perspectives, prescriptions and paradigms originating from this source might be very specialized and inapplicable to a larger context because of the group's unquestioned elite status. This worry antedated the study and followed a history of frustration in identifying and making contact with other non-student clients. During the study, there was a series of contacts with a group of disabled persons (only some of whom were DVR clients) located in Concord, California. The case history of that experiment would occupy many pages. The consequences of the contacts initiated within the study are difficult to interpret.[4] In any event, the contacts with the Concord group consumed time and energy and only partially met the study-oriented goals.

It is still probably correct to conclude that the concern with objectivity was productive. We believe that it provided a regulating factor for the entire study process and certainly facilitated the relationships with agency and training program staffs. Finally, when the time came to summarize the findings and recommenda-

---

[3]It had been hoped that a specially equipped vehicle ordered by the University prior to the study would be available for local travel. This vehicle was not delivered until three weeks after this study was completed, thus diverting an unanticipated amount of the total effort into logistical concerns.

[4]The relationships between the Berkeley and the Concord groups have continued through a period of considerable turmoil for the latter involving participants, paid staff and community sponsors.

tions, it was possible to express with greater assurance suggestions based on persisting intense feelings about topics examined in the course of the study.

Methods

The study embraced six distinct types of activity:

1. <u>Selection of programs for study</u>.

We wanted to visit a representative group of training programs within California. It was our hope that we might get at least part-way inside these programs in order to learn how they actually operated and what values seemed to be most evident in their activities. The three programs we visited were San Francisco State College, Los Angeles State College and the University of Southern California. San Francisco State was an obvious choice because of its proximity to Berkeley, but also because it was located on a campus with a history of student activism and had an image of being in the vanguard of innovative educational institutions. If there was any place in California where one might expect an approach to counselor education which ran counter to the traditions implicit in observed state agency policy, this was likely to be it. Los Angeles State had for some years had the largest program in the state and was the institution where a majority of counselors and DVR administrative staff known to the client participants had received their graduate training. USC was selected because it was small, relatively new, and located in a major university setting outside the California state system of higher education. It was also closely affiliated with the USC medical center (although as in the other two cases organizationally within the education department).

2. <u>Mailed Data Survey</u>.

A simple hard data questionnaire (see Appendix 1) was mailed to all 72 training programs throughout the U.S. including Puerto Rico. The purpose of this survey was to get an overview of the student characteristics for each program during the 1970-71 academic year as well as a profile of the placement of the June 1970 graduating class. Accompanying the questionnaire was a request for "off the shelf" curriculum and "philosophical" information of the type generally sent to persons expressing an interest in enrolling in the programs. Some of the curriculum profiles were analyzed, statistically, although time and resource limitations prevented this from being exhaustive. Forty-eight programs responded with at least partially completed questionnaires. (See Appendix 2 for list of respondents.) No obvious differences were detected between respondents and non-respondents. One program was an undergraduate program only and the data provided could not meaningfully be incorporated in the analysis. Of the remaining forty-seven responses, twelve contained one or more internal inconsistencies, leaving a "prime" group of thirty-five. Descriptive statistics were computed for both the "47" and the "35".

3. <u>Faculty interviews</u>.

At each campus, two or three faculty interviews were scheduled; one of which was with the program coordinator and at least one of the others was with the chairman of the curriculum committee. The interviews with one exception (see p. 33) centered around the following topics:

a) The evolution of the program at the particular campus
in terms of goals, curriculum and student characteristics

b) the immediate history of the program structure at the time of the interview plus a discussion of emergent trends

c) a cataloguing of the impact on program development by students, state DVR, the parent department, etc.

d) the mechanisms for self-evaluation and change that existed.

It was apparent from the outset that time and logistic problems would preclude scheduling enough interviews with individual trainees to enable a representative cross-section. We therefore scheduled group interviews at each of the programs. Preliminary contacts with the chairman of the student group at San Francisco State produced highly optimistic expectations for encounters there. However, when an interview was actually scheduled, only three students showed up. The highly plausible explanation was that it was near the end of the semester (which is nearly two weeks before the end of Berkeley's quarter) and students were said to be heavily immersed in course work. We also learned that student interest in out of classroom activities is invariably high during the fall semester and dwindles to insignificance during the spring. At Los Angeles State, the faculty arranged for a member of the study group to share a platform with two paraplegic representatives of Indoor Sports, Inc. (a recreational association for the handicapped which, among other things, sponsors a Wheel Chair Olympics). Over thirty counselor trainees attended this session, which produced a lively contrast in styles and outlooks between middle-aged disabled and Berkeley student-activists. Participation by the trainees was also substantial but the encounter produced few systematic insights into trainee attitudes and characteristics. At both L.A. State and U.S.C., study participants were allowed to observe through one-way glass certain processes underway at the time

of the visit. At L.A. State the process was a group interview of
some applicants for admission to the program for the coming academic
year. At U.S.C. we observed a series of practice counseling sessions
involving single students and "disadvantaged" youths from a nearby
high school.

While these experiences provided some intriguing anecdotes,
it became clear that study goals could best be served by administer-
ing an anonymous written questionnaire. Such a questionnaire (Appendix
3) was developed and faculty members at the two Los Angeles programs
agreed to distribute and mail responses to Berkeley. However, all
attempts to make a similar arrangement at San Francisco State were
unsuccessful. Nine of the fifty-five L.A. State students and ten of the
seventeen U.S.C. students returned questionnaires. Those points of
the questionnaire which dealt with concepts of stigma and prospects
for post graduate employment were analyzed and the results are
discussed on pages 28 and 29.

4. Interviews of DVR Staff.

Two training coordinators (at the district and state-wide
level) were interviewed with a view towards learning how the training
of newly hired counselors are oriented and trained. A less successful
interview with a district supervisor failed to elicit a clear-cut
notion of current and immediate hiring strategy and tactics.

5. Report Preparation.

When time came to cease interviewing and running data through
the computer, we were faced with a dilemma. We had amassed a collec-
tion of things we thought we could confidently say about the training

programs. Some of these were, indeed, "interesting" and deserved
inclusion in the report. However, to the clients working on this
study there was one overriding judgment which developed through the
interviews but was supported by only one piece of hard data. This
judgment is complex and is elaborated in the introductory paragraphs
of the concluding section of this report. Basically, the client
participants found that there were no aspects of the training pro-
grams which truly engaged students with clients' inner lives. The
"client" was a general class of "others" on whom professionals per-
formed some counseling and facilitating functions in the interest
of some broad, institutionally defined social goals. The clients
on this project accept the notion that there are in fact constructive
roles for "experts" in the processes in which they are engaged.
Critical to acceptance of such roles by clients, we feel, is the
development of a condition of trust and mutual self-knowledge. No
interviewee denied this but there is apparently a wide disparity
between the training program "designers" and us as to how this condi-
tion might be achieved. There appeared to be some compelling reasons
for the particular approach to client perspectives by the training
programs. Such reasons appear based in the inevitable limitations
of time and resources in an atmosphere of pervasive uncertainty as to
with just what kinds of clients currently enrolled students might be
working. The prevailing problem seems, however, to lie with the tradi-
tional conception of counseling as a sub-field of educational psychology
oriented to short-range, clinical, non-involving contacts.

However, understanding these factors did not mitigate our
feelings that the training programs were likely to continue to

produce counselors whose behavior was undesirable from our standpoint. As the study progressed, we decided that it was essential to our collective goals for the project to make a statement about the kind of educational experiences we believed might serve to help counselors (and other helping experts) to develop relationships with clients which coincided with our notion of what they ought to be. This statement became known as "the model" and took final form as a relatively structured curriculum plan which appears in the concluding section of this report and is perhaps the central outcome of the entire effort. The intervening section describes the more conventional results of the study. We think such findings are "conventional" because they probably differ little from those which might be produced by most other groups of reasonably competent observers. We have, of course, included comments with our observations. We have decided not to develop any policy recommendations for consideration by R.S.A. and S.R.S. for national application. We would note, however, that we saw little evidence that R.S.A. had effectively developed sensitive mechanisms for relating the training programs to short and middle range manpower planning considerations. But, by no stretch of the imagination could our efforts be described as a credible inquiry into this subject. We do believe that R.S.A. and S.R.S. ought to work much more closely with the prospective employers of training program graduates in order to better understand what kinds of knowledge, skills, and understanding those employers need and desire on the part of personnel they would employ. Furthermore, there appears to be virtually no continuous, systematic monitoring of the programs themselves. But again, it would be presumptuous on our part to suggest that a monitoring system ought to be installed with all of its attendant complexities and

costs (e.g. paperwork, processing costs, faculty antipathies etc.).
Finally, we felt that the rapidly diminishing time allotment for the
study dictated concentration on the subject we knew best -- the
relationships between curriculum and on-the-job counselor behavior.
It was here that we believed we might make our most effective statement.

SUMMARY OF GENERAL FINDINGS

A. <u>Mailed National Survey Data</u>

  1. For most important respects there were very few significant differences in the data describing the general characteristics of the training programs for each of the three levels of aggregation shown in tables 1 and 2. Although the preponderance of RSA funded students is higher among the three California programs visited in the course of the study, there appears to be no basis for not regarding these programs as typical.

  Table 1 demonstrates the foregoing as well as highlighting the preponderance of education departments as the setting for the programs. Table 2 does not support the concern expressed by some early interviewees that rehabilitation was becoming a "woman's profession." The increment of trainees from ethnic minorities was purported to be growing but is clearly inadequate if a shift in priorities towards "compensatory outreach" is to be given effective force. It is also interesting to note that over 40% of all training program participants are not receiving RSA grants. This cannot be explained by the recent practice of limiting grants to second-year students since the data pre-dates the widespread use of this tactic. One might surmise therefore, a strong interest on the part of <u>undergraduates</u> in entering the field of rehabilitation.

Table 1

General Characteristics

(Age of Program, Institutional Setting)

	AVG. AGE (YRS.)	% W/PRIOR REHAB. PROGRAM	PERCENT OF PROGRAMS LOCATED IN:					
			Educ. Schools	Schools of Arts & Sci.	Schools of Social Work	Health Sciences Departments	Others	
All Respondents	9.6	12.8%	80.1%	8.5%	2.1%	4.2%	4.2%	N=47
"Prime" group*	9.7	14.3	82.5	8.6	2.9	2.9	2.9	N=35
3 Calif. Programs	9.7	100.0	100.0	0	0	0	0	N=3

* As explained earlier the prime group consisted of those 35 programs on which all data were arithmetically consistent.

Table 2

Student Data

	Avg. Total Students	% students funded by RSA	% Males	% Females	% Ethnic Minorities	
All Respondents	43.7	59.6	54.3	45.7	13.0	N=2052
"Prime" group	47.2	52.3	52.6	47.4	11.8	N=1651
3 Calif. Programs	46.7	78.6	44.0	56.0	16.4	N=140

2. Less than 40% of the June 1970 graduating class was, at the time of the survey (April 1971) employed by state VR agencies. A very nearly equal percentage, however, had found employment in other types of rehabilitation activity. Our other data and interview results support a suggestion that this is due both to innate anti-pathies on the part of students toward state agencies and recent restrictions in hiring by the latter. We had not expected this result and so did not ask for a breakdown of the specific types of other rehabilitation agencies which employed so many training program graduates. In California, at least, there seems to be a preference on the part of students for community based organizations such as drug and alcohol abuse centers. In any event, the diversity of actual employment experiences by program graduates was cited as a basis for faculty and student diffidence toward California DVR asperations for a greater policy voice in training program policy.

Table 3

Placement of the June 1970 Graduating Class

	% employed by State DVR's	% employed by other Rehab.-type Agencies	% employed in non-rehab. professions	% employment status unknown	% still unemployed	
All Respondents	37.8	32.7	11.0	4.5	14.0	N=920
Prime Group	37.2	35.3	11.5	4.6	11.4	N=702
3 Calif. Projects	38.1	30.2	3.2	9.5	3.2	N=63
Non-South Only	28.6	41.2	11.9	4.5	12.9	N=664
South Only	62.1	10.2	8.6	2.3	16.8	N=266

There is a dramatic difference between the placement patterns for programs in southern states (Alabama, Arkansas, Florida, Georgia, Mississippi, Louisiana, Kentucky, Texas, Virginia, West Virgina) and those in the rest of the country. We could not explain this except on the basis of conjecture. Perhaps hiring by state agencies in the south is expanding at a much greater rate than elsewhere. Also this region may offer fewer forms of alternative employment for persons trained in rehabilitation counseling.

3. Student/Faculty ratios were the one data item with surprisingly large variation. This was true for the prime group which excluded programs where there were doubts about the accuracy of reported faculty and student figures. A simple regression of student/teacher ratio with the proportion of non-RSA funded students produced a fairly strong beta coefficient (2.3 or .901 when the variables were linearly transformed to the same scale) and R^2 of .49. A detailed analysis of a scattergram revealed that there appeared to be two separate clusters of relationships but that, within each cluster the variables tended less to move together. Clearly, however, one may infer a qualitative difference in student faculty relationships at one end of the scale as opposed to the other. To the extent that this can be related to a practice of infusing self-supporting students or students supported from other sources without offsetting increases in faculty, this may be a matter of concern. We of course collected no data on output measures (e.g. quality of counselor performance) to which these hard data could be related.

Table 4

Faculty Data

	% with separate faculties	Avg. (FTE) faculty size	Avg. student/faculty ratio	Overall student/faculty ratio	Max. S/F	Min. S/F	Standard Deviation S/F
All respondents	63.8%	3.7	not computed	not computed	not computed	not computed	not computed
Prime group	62.3	3.6	7.6	13.2	3.7	45.2	6.2
3 Ca. Programs	100.0	6.3	7.2	13.0	3.7	10.8	2.2

B. **Findings and Observations Based on Interviews of Faculty, Students and State Agency Personnel**

1. The programs at the colleges we visited emphasize what we believe to be a rather traditional role for the professional counselor. (State officials on the other hand often referred to the "journeyman" concept.) Trainees and faculty as well as advocates of professionalization among working counselors stress a definition of professionalism which emphasizes generalized skills qualifying the holder to work in a variety of settings. They also implicitly emphasize detachment from clients as such, under the guidance of a behavior and ethical code established and administered by peers. We were skeptical of the oft stated argument of advocates of licensing (which is regarded as a key link in the process of professionalization) that it would "protect clients from quacks and charlatans." Nothing we discerned in the course of the study shook our earlier expressed concern that "professionalism" in the absence of a client-controlled market is a threat to the values which we feel to be paramount. In other words, making the system even more closed and self-protective would further deny clients the opportunity to overturn objectionable

counselor actions since AMA-style professionalism rejects absolutely the right of uncredentialed persons, particularly clients, to criticize and directly or indirectly guide members' behavior.

2. The "program" from the students' perspective seemed to treat rehabilitation as a sub-field of general counseling in which specializations must not be carried to excess lest it hinder the fashioning of a generalist counselor. Consequently informative exposure in classroom or practicum to the character of physical disability is minimal, never exceeding three semester hours. The model for counselor behavior is clinical or therapeutic in a _psychological_ sense, and there is no serious questioning of the notion that counseling is directed toward the client's adjustment to society. Only one faculty inter- viewee favorably used the term "disability sub-culture" and students in another interview were alarmed that clients would feel the need to organize in order to obtain their individual or collective goals.

3. Students in the programs visited reportedly arrive with a hostile view of DVR. Apparently, the state agency also believes this to be true, since one of the major suggestions which state officials made for altering the formal relationship between the agency and the college programs was that the state should directly participate in the selection of students. Strangely, neither students nor faculty could offer even informed conjecture as to the source of this prior hostility.

4. We found ourselves in agreement with the state agency's criticism of the programs' failure to provide their graduates with the means to develop a network of information flows and contact points to be used in placing disabled persons in productive jobs. We regard

this as merely symptomatic of a variety of constraints imposed on counselors by training and agency practices which limit their ability to be "in the world." If counselors are to be able to define adequately the concept of "feasible goals" for individual clients, we believe that they must have access to information concerning the various environments affecting clients' current and future lives.[5] They must understand what services other agencies offer and how to place clients in jobs.

5. Faculties in the programs we visited varied in their interest in self-evaluation (particularly systematic self-evaluation) but none had a goal-oriented set of evaluative criteria. Thus, all three programs had histories of continual tinkering with curricula, teaching approaches, use of practica, course requirements, etc. Often this was in response to student pressures. Unusually, however; the results of the tinkering were reviewed very incrementally outside of the context of program evaluation. The question "Could you describe your department's approach to self-evaluation?" often brought forth a blank stare followed by a rather involuted argument against evaluation itself. In this respect it is unlikely that these faculties differ materially from other faculties in any subject matter.

6. At the two state colleges, teaching loads are about twice those typical of Berkeley. Opportunities for research into the non-academic aspects of rehabilitation are virtually non-existant. New

---

[5] We do not think that resolution of this matter is properly one which an agency counselor ought to make. The fact is, however, that counselors do hold clients in thrall by the power they actually have to make such decisions. The situation is doubly infuriating when the decisions themselves seem to reflect a total insensitivity to the changing world.

ideas tended to concern pedagogical issues or concepts of general counseling rather than new approaches to the problems of disabled people.

We are intuitively attracted to a model which allows faculty and students alike to have opportunities to engage first hand in research. Such environments are, we think, less likely to be "closed" to new ideas originating outside of channels of communication dominated by the relatively narrow ranges of periodical literature and personal contact which faculties overly pre-occupied with teaching tend to develop. This comment is very much a product of our own perspective which tends to regard much of the traditional rehabilitation literature as distressingly out of date and out of touch with the ferment of ideas coming from other fields. In the course of the study, we felt most comfortable in the climate at USC, whose program appears to be more involved with other university research activities and to be much more disposed to approach training program tasks with an emphasis on broad-scale innovation.

7. One result of the study seems to have been a slight softening of the client participants' attitude toward DVR in general. The agency officials interviewed often were more perceptive of client aspirations than were many of the students and faculty. We were substantially disabused of any notion that the training programs, as presently constituted, are a credible source of institutional change in the agency.

8. Finally, among the more significant results of our inquiry was a more confident conviction that the best possibilities for what we are calling "self actualization" of disabled persons lie in

reforming and systematizing the now fragmented array of institutional situations with which they must contend. The absence of workable linkages between medical experiences and rehabilitative processes must, we think, be remedied. Most importantly, however, we urge a conversion of the rehabilitation process itself. We persist in our belief that the one-to-one relationship between a disabled client and the counselor who presumes superior knowledge of the world against whose norms the client's disability is measured is an unhealthy one. The experience of the Berkeley Special Services Project has demonstrated that an intellectually elite group of clients can bring about dramatic improvements in self-reliance and progress towards a style of rehabilitation acceptable to clients and the state DVR alike.

C. Trainee Student Questionnaires

As stated previously, we approached the analysis of the small number of responses to the survey as an unfortunately minor aspect of the survey. Questions M, N, and S (see Appendix III) were of greatest interest as they might be useful in future inquiries. All other questions except A, B, and C produced little or nothing of value, and, in retrospect, do not appear particularly well drawn. What was striking about cross comparisons of responses from U.S.C. and L.A. State was the robust similarity of the data despite an earlier intuitive judgment that the programs were quite different. The average age of the respondents was:

     (1) U.S.C. 29.3 (range 22-48)

     (2) L.A.   28.5 (range 22-50)

All U.S.C. respondents were second year students while L.A. State respondents were 56% first and 44% second year students.

Of perhaps greatest interest to us as clients was Question N which asked indirectly with which of ten disability groups students felt they could work most constructively. By converting percentage of time allocations to a "point" system and computing raw and adjusted[6] indices of the relative intensity of the attraction to each group, the results of this analysis appear below:

---

[6]The adjustment combines consideration of numbers of people mentioning a particular disability as well as the projected allocation to it.

Table 5

| | Index | | | | Rank | | | |
| | Raw | | Adj. | | Raw | | Adj. | |
	LA St.	USC	LA St.	USC	LA St.	USC	LA St.	USC
Blind	9.4	1.7	9.9	0.9	6	10	5	9
Deaf	8.2	7.9	10.5	4.1	5	5**	6	6**
Neurological	24.4	3.9	19.4	2.7	1	8	1	8
Orthopedic	14.1	11.8	14.9	12.2	3	3**	4	3**
Mentally Ret.	1.3	5.6	2.8	4.8	7	7**	7	5
Drugs	16.4	31.3	14.9	43.0	2	1**	2	1**
Psych. Dis.	15.2	16.8	13.8	17.4	4	2	3	2**
Beh. Dis.	9.4	10.5	9.9	10.8	6	4	5	4**
Educ. Dis.	5.3	6.7	1.7	3.5	9	6	9	7
Others	1.1	3.7	2.2	0.6	8	9**	8	10

**Indicates a difference of 1 or less between the rank order of the two respondent groups.

Perhaps the most significant aspect of the data in Table 5 is the close correspondence in rank order between the two groups of trainees, particularly at the top end of the scale. This is demonstrated below:

Table 5A

Raw Rank L.A. State	Raw Rank USC	Adj. Rank L.A. State	Adj. Rank USC
1. Neurological	1. Drugs	1. Neurological	1. Drugs
2. Drugs	2. Psych.Dis.	2. Drugs	2. Psych.Dis.
3. Orthopedic	3. Orthopedic	3. Psych.Dis.	3. Orthopedic
4. Psych.Dis.	4. Beh.Dis.	4. Orthopedic	4. Beh.Dis.
5. Deaf	5. Deaf	5. Blind	5. Mentally Ret.
6. Blind	6. Educ.Dis.	6. Deaf	6. Deaf

We were unable to account for the attachment of respondents from L.A. State to neurological disorders but if that extreme value is ignored, the two groups of respondents have nearly identical responses.

Similarly responses to question S relating to concepts of stigma as they impact on feasibility of rehabilitation were very close. As might have been expected, respondents at both schools emphatically rejected options 3-6 as being largely irrelevant to rehabilitation, although peer group choice was cited several times as a factor of intermediate importance. Virtually all respondents scored appearance and vocal communication as 4 (near critical), or 5 (critical).

Question M asked students to indicate their first three choices of initial employment and to rate their estimate of their chances of actually obtaining such employment. The distribution of choices is as follows:

Table 6

Agency Type	# of first choices	# 2nd choices	# 3rd choices
Calif. DVR	4	1	3
Other State Rehab. Agency	1	3	1
Educ. Inst.	3	0	3
Federal Agency	1	1	2
Comm. Action Agency	4	4	1
Client Advocacy Org.	2	3	1
Private Practice	1	0	1
Other	2	2	5

No person whose first choice was other than Calif. DVR or continued graduate school estimated his chances for his first or any other choice at higher than 50-50. This is quite likely an effect of the general uncertainties of employment for people now in school.

We found the student questionnaire to be an instructive exercise. It touched on some matters that would otherwise have been hidden from us. While it is unlikely that we shall again be surveying the same target population, there will be other surveys and the opportunity to try this out was a valuable aspect of the workshop format.

A COUNSELOR TRAINING MODEL DEVELOPED ADDRESSING

CLIENT PERSPECTIVES

Since our main source of concern as clients is the attitudes and behavior of DVR counselors, we have attempted to address this problem in designing the counselor training programs.

One of the most salient deficiencies of DVR counselors seems to us to be the lack of comprehensive knowledge concerning disabilities and application of such knowledge in helping clients achieve a reasonable level of self-actualization. This lack of knowledge is usually manifested in the form of confusion or bewidlerment on the part of the counselor when confronted with disability of a severe or unfamiliar nature. In addition, it is not uncommon for a counselor, because he does-not sufficiently understand the nature of a certain disability, to act in a parental and/or condescending manner toward someone with such a disability. Gaining a good deal of basic knowledge about the character of a wide range of disabilities is, we feel, perhaps the most important factor in enabling a rehabilitation counselor to relate to his clients as people who happen to be clients rather than an uncommon breed of human beings who have been damned and perhaps have earned their curse.

Also, it is commonly accepted jargon to define the counselor role as that of problem solving or trouble-shooting. The idealogical concept of these terms infer a type of attitudinal behavior which we

as clients can condone and concede to be a desirable and even necessary approach in combined client-counselor effort in determining and fulfilling client desires and needs. But here, it cannot be stressed strongly enough the obvious need for mututal familiarity with the problems before their solution can be sought. This is where the counselor's knowledge of the subtleties of different kinds and degrees of disabilities and the concommittant limitations and capabilities related to them becomes so important. Comprehensive knowledge of all major types of disability is perhaps the most essential element in a counselor's effectiveness in working and relating with his client. This includes not only medical type knowledge but also how a disability effects the basic scenario of a person's life including what is commonly called in the rehabilitation sphere, activities of daily living (ADL). With such knowledge a counselor can more confidently and effectively comprehend the occupational implications and possibilities which might otherwise be easily overlooked.

In this area we consider the present graduate training programs in rehabilitation counseling to be grossly and unacceptably lacking. In our model, we have tried to incorporate an equitable distribution of such knowledge even to the point of including the concept of recognititon of the existence of sub-cultures associated with certain disabilities.

It has been our experience that the personal background, moral values and prejudices strongly influence the nature of his attitudes and behavior toward his clients. Some counselors exhibit favoritism toward some of their clients. Those who conform most closely in their values and life style to what the counselor considers acceptable will

receive the most, qualitatively and quantitatively, from the counselor's caseload resources. This type of unethical conduct is one major source of our outrage as DVR clients. We feel that one way to reduce such behavior is to incorporate in our training model an atmosphere in which the trainee is forced to appraise his values and moral standard and become aware of how they are manifested in his approach to counseling. This is done in the practicums and colloquiums. Each student would have an opportunity to discuss with faculty and other students just how strongly and in what form his values and moral standards influence his actions in a counseling role.

One of the most striking and to us potentially valuable aspects of the programs which we intensively surveyed was at Cal State LA. The subject of the counselor's role in an institutional setting (i.e. DVR, high school, etc.) has been introduced into the program. Dr. Stubbins, the founder of the program, has written some articles addressing this subject, the most thorough of which is titled "The Counselor in His Institutional Web". Here he outlines some of the patterns of behavior the counselor is drawn into in performance of the duties required by the agency or institution by which he is employed, and the negative and even disasterous effects they can and do have upon his client. For example, a counselor is often required to be nothing more than a disciplinarian, or a diagnositician and has little freedom in allowing client input in the counseling relationship and in developing a rehabilitation plan. He also points to the power and status seeking in an institutional hierarchy, which reduces the devotion and sensitivity to cooperative response to client problems and needs as the counselor is exposed to social pressures to "move up the ladder". The many other types of behavior which result from an

institutional environment which he describes are significantly similar
to some of those frequently exhibited by DVR counselors, and which
inspire hostile client reactions. A basic theme emphasized repeatedly
throughout his presentation is the idea that the counselor is working
for the client, whose interests and desires should be the primary
consideration in defining goals and strategies (i.e. designing a
rehabilitation plan with his client).

A new course is being introduced into the curricula at Cal
State LA which centers around alternative structures for counselor/client
relationships. We feel this is an important concept to include in
counselor training. Such knowledge, if dealt with properly could be
a means of improving the client-counselor relationship. If the coun-
selor gains some understanding of how his role and behavior is affected
by his environment (i.e. institutional policies and political pres-
sures) and also how influential his own motivations and aspirations
may be in his decision-making processes and immediate goals and
strategies in his own work patterns, he may be able to apply this
understanding to client-counselor relationships. He would at least
be encouraged toward more introspection and self honesty and perhaps
more honesty in dealing with his clients in helping them achieve
their goals in a cooperative and well defined environment.

The subject of the counselor's institutional role and his commit-
ment to his client's desires and needs within that role addresses what
we feel to be a most imperative aspect to include in our training model,
namely the concept of client advocacy. Although Dr. Stubbins does
attempt to introduce the subject on a fairly intellectually defensible
level of argument, he still maintains a premise with which we heartily

disagree. He implies that the basic role of a counselor is one of
remolding his misfit client back into society, through the auspices
of traditional APAG counseling therapy techniques and processes. He
fails to grasp or does not accept the idea that a counselor should help
his client achieve self-actualization in terms of the sub-culture of
life style associated with his particular disability which most likely
does not conform to standards established and enforced in a "walkie"
world.

In developing our client-ideal model the need and desire for
introducing the subject of client advocacy imposes an extremely ambiv-
alent situation. On the one hand, we are encouraged as clients to be
somewhat militant in our contention that a major role of a DVR counselor
can and must be that of an advocate for his client in helping him
obtain the optimal level of resources and services to which he is
entitled. On the other hand, it is quite obvious that an M.S. graduate
who has received training in even a very subtle form of client advo-
cacy would hardly be considered by DVR an attractive candidate to
perform traditional agency functions. Therefore, we have taken a
somewhat compromising and cautious approach to this subject in the
descriptive design of our training model.

In developing our training model, we have tried to incorporate
the aspects of training which we feel would most likely elicit the types
of counselor attitudes and behavior which we consider desirable and
requisite for a better though not ideal client-counselor relationship.
The main difference between our model and the typical format of the
present M.S. programs is the de-emphasis of counseling theory and
technique in our model. The traditional schema of a counseling

relationship inevitably places the counselor in a role of superordination where he, with the superior knowledge of life and the world, guides and manipulates his client. We have tried to design our model with the purpose in mind of vital need for comprehensive knowledge concerning disability and all its ramifications. This subject is dealt with in course work, practicums and fieldwork. We have made provision for a variety of settings of a variety of disability groups.

The following is a preliminary model design for graduate training. In its design we have chosen to constrain our efforts to a basic framework of a 2-year or four semester graduate program, consisting of 30 units of required courses, 16 units of elective courses, plus 14 units of field work and related activity.

Descriptive Notes on Model Components

1. Counseling Practica

Counseling sensitivity and technique rely upon special practical knowledge for the differing areas of disability/disadvantage. This expertise should be developed in an orientation period prior to long-termed specialized field work and should be further developed for each client grouping as it comes under study. The insights that lend themselves to developing counseling sensitivity for drug abusers will not be wholly adequate for interviewing quadriplegics. An orientation period for the physically disabled will give a basic understanding of problem areas unique to that group. These perceptions must be enlarged upon and include new perceptions in an orientation period directed toward counseling the mentally retarded.

Counseling practica should utilize the services of volunteer clients and should be viewed by other students (first and second year) and a concerned faculty member(s) who will later involve themselves in a subsequent colloquium with the interviewer.

2. Colloquia

In a counseling interview, the counselor directly affects the client and subsequently, the effectiveness of the client/counselor relationship. Sensitivity and skills in this area are maximally developed for the student interviewer and his peers when they are

involved in critical analysis by their group following as soon as possible the practicum experience. This self and group analysis is also particularly effective in the area of fieldwork.

3. Classroom Briefing Sessions

These are more than a supportive aid; they are essential in acquiring practical knowledge about two critical subjects. The first concerns real gaps in the rehabilitation counselor's experience, i.e. post-institutional and post-rehabilitational client experience. It would consist of guest lecturers who have established themselves in an independent living situation. Beyond lecturing, they would enter into an informative dialogue with the class. This is especially important in keeping abreast with the growing areas of client activity and capacity and with specialized skills (often including exciting innovations) which clients have developed for successful independent living. Also available are the retrospective perspectives about the rehabilitation experience and a knowledge of the practical day-to-day client experience that is not available in institutional experience. In a rehabilitation hospital, for example, patients are either newly disabled or having great difficulty with establishing their independence; their experiences are not representative of most potential disabled clients in the community.

The second type of briefing session would follow the same procedure as above and consist of administrative and line personnel from long and newly established governmental, private and community rehabilitation programs. This would bring into focus the attitudes and policies of the people involved with the rehabilitation process and subject them to open analysis. It is also useful in keeping abreast of changes in attitudes and policies and of the newer, innovative programs.

4. Fieldwork

This should include required short-term orientation work in the three major areas of the socially disadvantaged, the physically disabled and the mentally disabled. It should also include required long-term specialized work in two of these areas and a survey of community work-therapy, educational and vocational resources and their accessibility to rehabilitation clients. These surveys should also include proposals for developing new resources in these areas.

Orientation periods should be solely for the gaining of knowledge about the numerous kinds of disability and for exposure to as many as possible. The short-term fieldwork should, therefore, take place in as large of a variety of settings as possible; should be backed up with classes dealing with practical knowledge of the medical, psychological and social components of the area of disability involved and the part they play in the rehabilitation process; and they should also be backed up with pertinent practica, class briefing sessions, colloquia and seminars.

Long-term, specialized fieldwork periods should carry this work further into concentration on a particular program, its clients, its clients' needs, its administrative structure, its funding resources, the services it does and does not deliver, its policies and problem areas. It should also be backed with pertinent classes, class briefs, colloquia and seminars.

The lack of real knowledge about finding and expanding work therapy, educational and vocational resources reflects a need for practical training in the form of a field survey. This should be required of all rehabilitation students and should include a study

into defining and opening new resources as well as a critical study of existing resources. Again, the support of pertinent classes, class briefs and colloquia are necessary.

5. Counseling Theory

The real interviewing learning experience does not take place in the classroom, but in the dynamics of the practicum, the fieldwork and the subsequent colloquia. Classroom experience should involve itself with teaching the student to learn from his practical experience to learn to be self-evaluating and to seek client/counselor rapport. It should also give him a knowledge of what information to seek and how to assess it. The real task of an orientation class on counseling theory is to sensitize the students' awareness of the differences between his life experience and expectations, that of society's expressed through governmental agencies and that imposed on a client by his role in a sub-culture. The counseling student must ever seek to delineate these different value systems in the counseling process, to understand them and to realize the part they will play in effecting rehabilitation. Not only do black liberationists or teenage gang members develop complex sub-cultures with common perspectives, goals and needs. The disabled, or any particular group, through common limitations and struggles for compensation, share many common experiences that, in turn, lead to common perspectives of themselves and their roles in society in relation to achieving goals and needs.

Gaining insight into these dynamics of counseling rely on the expansion of the student's awareness of them in evaluating practicum, fieldwork and colloquium experience. Seminars utilizing real case histories from rehabilitation programs would give the student a chance

to evaluate his performance against that of practicing counselors and would provide an essential back-up to the learning of counseling skills.

Required Courses

The following are proposed as courses which should be required of any student who would graduate with a M.S. degree in rehabilitation counseling.

1. A critical analysis of the programatic development of rehabilitation services; relevant legislation; governmental agencies established in this area; and the development of current administrative policies as an expression of attitudinal changes. This class is more than a historical survey; it should also concern itself with the sources of present failings and limitations of rehabilitation services as expressions of political, budgetary and personal bias imprinted on service policy. 3 units or about 25 hours.

2. A critical analysis of the role of the counselor in relation to the formal and informal policy of his agency and to client service; the responsibilities of the counselor to his agency and to effecting change in outmoded or unfair policies; and the responsibility of the counselor to his client and to increasing the range of counseling effectiveness. 3 units or about 25 hours.

3. General study of assessment and use of psychological testing data in rehabilitation. 3 units or about 25 hours.

4. General study of assessment and use of vocational testing data in rehabilitation. 2 units or about 15 hours.

5. Individual counseling theory (see Descriptive Notes). 3 units or about 25 hours.

6. Survey of inter-relating aspects of the total rehabilitation program, including exploration of creative innovation. A study of the available services involved with rehabilitation in the early traumatic stages of disability incurment, the interphase between institutionalization and complete release, acquiring social independence, procuring academic or vocational training, and successful job placement. The aspect of creative innovation could concern itself with closing the gaps in these services, integrating these services, or a study of community participation. 3 units or about 25 hours.

7. Survey and assessment of work therapy programs, including sheltered workshops and other educational centers, and their role in rehabilitation. 3 units or about 25 hours.

8. Socio-psychological aspects and behavioral manifestations of the socially disadvantaged and the rehabilitation process. This course includes an investigation into sub-cultures whose roots are unique to the socially disadvantaged. 3 units or about 25 hours.

9. Socio-psychological aspects and behavioral manifestations of the physically disabled and the rehabilitation process. This course includes an investigation into sub-cultures whose roots are unique to the physically disabled. 3 units or about 25 hours.

10. Medical aspects of the physically disabled and their role in the rehabilitation process. This course includes practical information about such things as decubiti and the limitations they place on clients in wheelchairs and the responsibility of the client in avoiding them. 3 units or about 25 hours.

11. Socio-psychological aspects and behavioral manifestations of the mentally disabled and the rehabilitation process. This course

includes an investigation into sub-cultures whose roots are unique to the mentally disabled. 3 units or about 25 hours.

12. Medical aspects of the physically disabled and their role in the rehabilitation process. This course will concern itself with practical considerations rather than purely clinical knowledge. 3 units or about 25 hours.

Elective Courses

Students must complete 4 units from the first 4 listings and from 9 to 12 from the next 5.

1. Analysis of the prerequisistes of educational/vocational actualization and classification of the various types of occupations. Included in this course is a critical analysis of the requirements for procuring educational/vocational placement and keeping it. 2 units or about 15 hours.

2. Dynamics of group counseling. A study of precepts unique to this counseling technique. 2 units or about 15 hours.

3. General survey of assessment and use of statistical data in the rehabilitation process. 2 units or about 15 hours.

4. Student/faculty program appraisal and content changes. This is more than a class. It is a mechanism for evaluating the rehabilitation training program and introducing innovative changes. It would consist of a board made up of faculty members and enrolled students, each with one vote of equal weight. There would be no limit on the number of students who may enroll, but they must enroll by the end of the first semester or quarter. The board would meet twice a semester/quarter to discuss program structure and entertain proposals for changes. At the end of the last semester/quarter, the board would

vote on innovation proposals. Not more than 3 units or about 25 hours.

5. An advanced study of the socio-psychological aspects and behavioral manifestations of the socially disadvantaged and the rehabilitation process. This course includes an investigation into subcultures whose roots are unique to the socially disadvantaged. 3 units or about 25 hours.

6. An advanced study of the socio-psychological aspects and behavioral manifestations of the physically disabled and the rehabilitation process. This course includes an investigation into subcultures whose roots are unique to the physically disabled. 3 units or about 25 hours.

7. An advanced study of the medical aspects of the physically disabled and their role in the rehabilitation process. This course includes practical information about such things as decubiti and the limitations they place on clients in wheelchairs and the responsibility of the client in avoiding them. 3 units or 25 hours.

8. An advanced study of the socio-psychological aspects and behavioral manifestations of the mentally disabled and the rehabilitation process. This course includes an investigation into sub-cultures whose roots are unique to the mentally disabled. 3 units or about 25 hours.

9. An advanced study of the medical aspects of the physically disabled and their role in the rehabilitation process. This course will concern itself with practical considerations rather than purely clinical knowledge. 3 units or about 25 hours.

Classroom Briefing Sessions
(see earlier Descriptive Notes)

Required each semester or quarter at a value of one unit per each semester/quarter about 90 minutes each or about 12 hours per semester/quarter.

Seminars
(see earlier Descriptive Notes)

One required each semester/quarter at a value of 3 units each or about 25 hours each.

Colloquia
(see earlier Descriptive Notes)

One required each week for each practicum and field work placement: lasting about 90 minutes each and carrying a semester/quarter value of 2 units per related field or about 15 hours.

Practica
(see earlier Descriptive Notes)

One required each orientation semester/quarter and meeting once a week. Valued at 2 units or about 15 hours.

Short-termed Fieldwork
(see earlier Descriptive Notes)

One program every other semester/quarter starting with the first, each dealing with one of the three major areas of client groupings. It would consist of about 60-75 hours (8-9 days) per orientation semester/quarter distributed to about 3-10 settings preferably including selections from governmental agencies, private programs and community centers. About 8 units.

Field Survey
(see earlier Descriptive Notes)

To be undertaken in the second semester/quarter. To include 60-75 hours at about 6 units.

Comprehensive reports are required from each student at the end of each field program. Supervisory reports will be received from each long-termed field placement.

APPENDIX I

Hard Data Questionnaire For
Counselor Training Grantees

NOTE: This questionnaire has been vigorously pared down in order to
increase the ease and likelihood of response. It is our hope that some-
one familiar with the local training program can complete it in about
ten minutes. We urge that you undertake a minimum of search on the
items which cannot be answered from memory. We are more interested in
getting a quick return containing good estimates than in getting no
data at all because of the effort required to provide precise responses.
We will be most grateful if you are able to mail your response by
5/17/71.

1. If you have no Masters level students, check here [] and return
the questionnaire without answering the remaining questions.

2. How long has your institution had a RSA training grant for the
purpose of training rehabilitation counselors?............... _____
                                                                    (years)

3. Did your institution have an established Masters level program
in rehabilitation counselor prior to receiving the RSA grant? _____
                                                                  (yes or no)

4. Is the rehabilitation counselor training program a component of:

　　　_____a. a school or department of education?

　　　_____b. a school or college of arts and sciences (or equivalent)?

　　　_____c. a school or department of social work?

　　　_____d. a health sciences school or department?

5. Is the program represented by a separate organizational component
(i.e. is there a recognized "rehabilitation faculty?") within the
college or university?..................................... _____
                                                                  (yes or no)

6. What is the full time equivalent number of faculty engaged in the
rehabilitation counselor training program? _____ How many different
individuals are involved? _____

7. Of the total number of currently enrolled Masters level students,
how many are:

　　　a. receiving RSA stipend and tuition grants?............ _____

　　　b. receiving other forms of support or aid only?........ _____

　　　c. entirely supported by family or personal resources?.. _____

8. Of the total number of currently enrolled Masters level students, how many are:

    a. first year students?.................................. _____

    b. second year students?................................. _____

    c. males?... _____

    d. members of ethnic minorities? Please list groups
       involved below..................................... _____
                                                                                (total numb.)

                       _____

                       _____

                       _____

                       _____

9. Of the persons who completed a Masters level program in rehabilitation counseling at your institution during the 1969-70 academic year, how many obtained initial employment as:

    a. professional or administrative staff of a state vocational
       rehabilitation agency?............................... _____

    b. rehabilitation counselors for other types of agencies or
       organizations?...................................... _____

    c. professionals in any other capacity (your definition
       of professional)?................................... _____

    d. (employment status unknown)........................... _____

    e. (still unemployed to the best of your knowledge)..... _____

APPENDIX II

Respondents To Training Program Survey

Name of Institution	Total Students	Total 1970 Grads	Year of First RSA Funding
1. Univ. of Connecticut	18.	10.	1965
2. Springfield College	27.	16.	1955
3. St. Univ. of New York - Albany	45.	20.	1956
4. Syracuse University	35.	15.	1962
5. Seton Hall University	104.	15.	1961
6. Columbia Teachers College	100.	40.	1954
7. University of Puerto Rico	95.	11.	1958
8. Temple University	15.	12.	1967
9. University of Scranton	48.	11.	1964
10. Penn. State University	37.	47.	1955
11. George Washington Univ.	30.	12.	1967
12. Univ. of West Virginia	54.	31.	1955
13. Va. Commonwealth Univ.	47.	36.	1954
14. Univ. of Alabama	40.	72.	1961
15. Univ. of Florida	41.	16.	1955
16. Georgia State College	57.	20.	1967
17. Univ. of Kentucky	20.	8.	1962
18. Mississippi St. University	51.	26.	1965
19. Univ. of North Carolina	20.	0.	1967
20. East Carolina College	15.	28.	1967
21. Illinois Inst. of Technol.	22.	6.	1966
22. Univ. of Wisconsin - Madison	30.	0.	1961
23. Univ. of Wisconsin - Milwaukee	100.	35.	1965
24. Mankato State College	44.	16.	1966
25. De Paul University	21.	11.	1964
26. Univ. of Illinois - Urbana	12.	11.	1956
27. Southern Illinois Univ.	72.	24.	1956
28. Univ. of Minnesota	14.	18.	1955
29. Wayne State University	90.	14.	1955
30. Michigan State University	64.	38.	1955
31. Kent State University	30.	37.	1963
32. St. Cloud State College	50.	54.	1968
33. Univ. of New Mexico	30.	0.	1969
34. Texas Technological College	23.	5.	1956
35. Arkansas St. University	32.	14.	1968
36. University of Iowa	35.	17.	1956
37. Kansas St. Teachers College	51.	13.	1966
38. Univ. of Missouri	31.	16.	1955

Name of Institution	Total Students	Total 1970 Grads	Year of First RSA Funding
39. Univ. of Nebraska	15.	7.	1966
40. Eastern Montana College	37.	8.	1968
41. University of Arizona	90.	22.	1961
42. San Francisco St. College	58.	22.	1957
43. Univ. of Southern California	17.	7.	1967
44. Calif. State College - L.A.	65.	32.	1960
45. Sacramento State College	35.	18.	1967
46. University of Oregon	55.	22.	1955
47. University of Washington	30.	17.	1967
Totals	2052.	930.	

APPENDIX III

Student Questionnaire
U.C.-Berkeley Rehabilitation Workshop

A. Are you ____[1] a first year student? ____[2] a second year student?

B. Are you ____[1] male? ____[2] female?

C. What was your age at your last birthday? _____

D. In what state did you complete:
    a. elementary school? _____   c. high school? _____
    b. junior high school? _____   d. undergraduate
                                             college work? _____
                                         Date received B.A. ____/____
                                                            mo   yr

E. If you are not now living with your parents, at what age
did you leave home? _____

F. What was your father's principal occupation during the time
when you were ages 10-18? _____

G. What was your mother's occupation during this period? _____
_____

H. What was the dominant religious orientation of your family during
this period?
_____[1] Catholic, Eastern Orthodox, etc. ____[4] Other Christian denomi-
_____[2] Judaism   nation
_____[3] Protestant_____   ____[5] a religion not of
                  (specify denomination)   Judeo-Christian origin
                                             ____[6] No discernible religious
                                                     orientation.

I. Which of the following best characterizes the extent to which your
family's religious orientation influences your current thought and
behavior:
____[1] Pervasively   ____[4] a source of conflict as yet unresolved
____[2] Moderately   ____[5] no influence whatsoever
____[3] Very little   ____[6] negatively (involving conscious efforts
                               to reject and behave in ways contrary to
                               family religious beliefs)

J. Do you feel yourself to be a member of an ethnic or social minority?
____[1] yes   ____[2] no

K. As you currently visualize your professional role, do you feel
that the facts underlying your answer to the preceeding question will:
____[1] aid you in being more effective?
____[2] hinder you in this respect?
____[3] be of no consequence to your professional activities?

L. In a few key words or phrases, please try to indicate (below) the
motivating factors that inspired you to train for a career in rehabil-
itation counseling.

M. Please indicate your first, second, and third choices for initial
employment as a rehabilitation counselor by entering a "1," "2," or
"3" in column 1 opposite the appropriate employer type. In column 2,
place an "x" or a check mark opposite the listed employer type which
most closely denotes the environment of your current or most recent
field work practicum. The remaining four columns are for the purpose
of indicating your estimate of the likelihood that you will actually
obtain employment in the respective listed categories within one year
of completing your current training.

Employer type	1 Choice Rank	2 field work	3 Virtually Certain	4 About "50-50"	5 Rather Uncertain	6 Virtually Nil
(1) Calif. St. Dept. of Voc. Rehabilitation						
(2) St. Dept. of Voc. Rehab. (outside of Calif.)						
(3) Other State agency dealing with dis- abled or disadvan- taged people						
(4) Educational Institution or organization						
(5) Federal Agency (e.g. RSA regional office)						
(6) Community Action or similar agency						
(7) Charitable Foundation						
(8) Disability or Client Advocacy organization						
(9) Private Practice						
(10) Others (specify)						
(11)						
(12)						

N. Assuming that you had absolute control over the type of clients you worked with, how would you divide your total caseload (100%) among the disability groups listed below? Enter a zero whenever no involvement with a particular group is desired.

Disability Group	percentage desired in your "ideal" caseload	
Blind & Visually impaired		If you wish, please use this space to indicate some of the reasons for your choices to the left.
Deaf and hearing impaired		
Neurological disorders (e.g. C.P., M.S., Epilepsy)		
Orthopedically disabled (including amputees)		
Mentally Retarded		
Drug addicts and/ alcoholics		
Psychiatric Disorders		
Other behavioral disorders (including released convicts)		
Educational Impairments (e.g. dislexia)		
Others (specify)		

O. Do you fall within one of the groups listed above? ____[1] yes ____[2] no

P. Do you fall within a disability group not listed above? (If you entered the name of a group it is "listed above") ____[1] yes ____[2] no

Q. If you are not disabled, what contact had you had, prior to beginning your current training program, with any of the above groups?

R. Do you feel that a desire to aid others has always been a part of your life? ____[1] yes ____[2] no

S. Using a scale of C (irrelevant) to 5 (critical), how would you rate the importance of each of the following client characteristics in determining the feasibility of successful rehabilitation.

Characteristic	Irrelevant 0	1	2	3	4	Critical 5
1. Degree to which the physical disability adversely affects the physical appearance	___	___	___	___	___	___
2. Client's capacity for vocal communication	___	___	___	___	___	___
3. Client's mode of dress and hair style	___	___	___	___	___	___
4. Client's choice of peer group	___	___	___	___	___	___
5. Client's political beliefs	___	___	___	___	___	___
6. Client's religious beliefs	___	___	___	___	___	___

WHEN YOU HAVE COMPLETED THE
QUESTIONNAIRE, PLEASE FOLD
IT IN HALF AND RETURN IT TO
THE PERSON FROM WHOM YOU OB-
TAINED IT.