

This project and its deliberations have identified one of the major contradictions within the field: a consuming concern with "professionalization" as opposed to the development of effective methodologies and techniques. This task force believes that the field is not crying for accreditation or certification, but rather for more effective techniques, methods, and conceptual statements. It is our consensus that the emphasis in some circles upon certification, registration, etc. of vocational evaluators needs to be reversed, and that the effort which is currently being poured into these measures needs to be turned full force upon the creation and articulation of concrete methodologies for the field.

Blocking the major trend toward the evaluator team is a series of closely linked counter trends which might be classified as the contradiction of professionalization. What has evolved is a sort of politics of partition with counselors hacking off their piece of the action, and guarding it jealously through such tactics as counselor certification. Colleges and universities have perpetuated this either consciously or unwittingly through special graduate programs which turn out graduate rehabilitation counselors, and graduate evaluators. Despite the fact that most of the basic knowledge and many of the methodologies are shared with many other disciplines, rehabilitation counseling and vocational evaluation programs have sought to identify the uniqueness of their professions and to set up armed camps. This has created a rather false reality in which the only workable solution (other than throwing out the "two professions theory") was to preach peaceful coexistence and stay off the other guy's homestead. CARF and NAC standards have only seen fit to emphasize this trend.

Depending upon their experience, rehabilitation counselors have seen the evaluator's role variously as an aide, as the counselor's equivalent to a psychologist's psychometrist, as a technician (observing the client as one would a laboratory animal), and—at the other end of the scale—as a vocational expert whose recommendations could be trusted.

In all fairness, these counselor views have often been rather accurate, for many evaluators have fallen into playing the roles dictated by the counselor's (system) definitions.

The evaluator on the other hand, especially in situations where he operates with relative autonomy, has had different views of the counselor. These views include:

- the "dumb boob" who doesn't know what evaluation is and really could care less as long as the evaluation program takes the client off his hands for a few weeks;
- the guy who has already decided against the client's further rehabilitation, and therefore simply wants more documentary evidence;
- the fellow who unfairly reserves the counseling/client interaction for himself (therefore the evaluator defiantly counsels the client); and
- occasionally, the co-worker who shares a mutual concern for the client and wants the best for him.

In all fairness many agencies and facilities have fostered these views. They have kept counselors hard-pressed to meet production quotas and

evaluators locked in the shop because there is no backup staff. Rigid and stereotyped job descriptions have encouraged such trends and even suggested models for staffing patterns have been codified through state personnel procedures which limit staffing flexibility effectively in many settings.

One of the basic reasons for this dichotomy has been that evaluators have, in essence, taken on one of the original functions of the rehabilitation counselor. As the counselor's workload expanded with his need to serve more severely disabled clients, it became clear that the counselor was not physically able to do the type of exhaustive research that was necessary for some clients. The irony is that we are evolving a more and more structured system to deal with unique and individualized needs and services.

It has been the isolation of this speciality—vocational evaluation—that has frequently seen rehabilitation counselors and vocational evaluators in disagreement relative to an individual client's potential or the amount of vocational evaluation services necessary; this isolation has even led vocational evaluators to question with righteous indignation the ethical behavior of counselors who send clients for evaluation services and then totally ignore the results and recommendations.

It is a fact, of course, that all vocational evaluation outputs are not of equal quality, that a number of so-called vocational evaluation programs are, at best, inadequate and are taking fees for ineffective and poorly performed services. Under the presently organized service system, some counselors would be foolish to heed the advice of poorly performed vocational evaluations. We would propose that a radical, but nonetheless effective solution might be to remove the title of "vocational evaluator" from every individual claiming such powers, and substitute or reinstitute the concept of the evaluator team.

The evaluator team could be so identified and structured as to eliminate many of these barriers of specialization. Many of the current frictions, misconceptions of each other's role, and mistrust could be eliminated by establishing the team concept in a facility and allowing the team members to design their own working relationships. A major factor in the design, would be that the team agree to resolve differences, both client related and procedural, through consensus—as opposed to the usual "house divided" vote or minority position approach. A consensus always takes longer to reach than a five to four vote, but if the team becomes split on too many issues, it will cease to be a team.

THE ROLES OF THE EVALUATOR TEAM

We are assuming at this point that it is feasible to return to evaluator teams in many facilities where a single individual is now performing the evaluator function. However, whether the function is performed by an individual or a team, we would suggest that the following roles are necessary in order to perform the function (figure 1).

First and foremost is the *key facilitator* (program coordinator) who is able to utilize the resources of the facility and the community in order to explore the greatest number of possible options with the client.

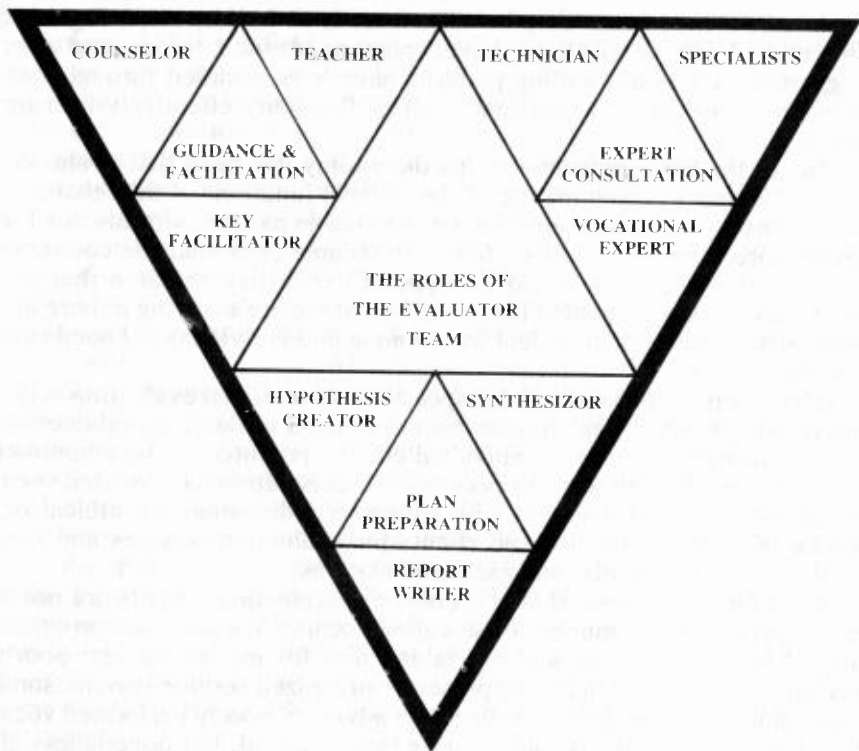


Figure 1—Nine major functional roles which are performed in vocational evaluation. One individual often fills more than one role.

Second is the *teacher*, who instructs the clients in technical skills (in on-the-job tryout areas) and in the process of decision-making itself.

Third is the *counselor* or confidante, with whom the client feels at ease and able to participate in give-and-take dialogue about his own future.

Fourth is the *technician*, who observes and records data on a systematic basis.

Fifth, specialists frequently augment the team's data when the team needs specialized knowledge or advice.

Sixth is the *vocational expert*, who is knowledgeable about the world of work and is able to communicate to the client and the rest of the team, the specific job requirements for any given job, and to relate those requirements to the individual in question.

Seventh is the *hypothesis creator*, who is willing to risk and push the team to expand the limits of possibilities for the client, to try new vocational possibilities, always out of his best intuitions in light of all the existent data available to him.

Eighth, the *synthesizer* is able to weave together the myriad data compiled and created by the team into a prognosis upon which the client and his referring agency will be willing to risk further time and money.

Finally, the report writer must communicate the team recommendations and support data in a way that is implementable by the referring agent and his agency.

These descriptions of role and function of the evaluator team are not mutually exclusive. The team roles might well be played by as few as two full-time staff members, along with additional part-time consultative staff, in a small facility.

The Fargo, North Dakota, forum noted the importance of flexibility in evaluation teams

An evaluation unit must be flexible enough to accommodate many different types of clientele. Although a facility may primarily be set up to work with specific types of clients, it is probable that other types of clients will also need or want the services of that facility, when they become aware of them. The facility must be flexible in accepting various types of clients and . . . must be imaginative and innovative to successfully and accurately evaluate the client.

If the above statement is indicative of the current accepted philosophy of vocational evaluation, as we believe it is, an evaluator team needs a *coordinator and facilitator* who functions as the team leader. Depending on the facility or the agency, he may have any of a number of titles, but the prime requisite of his task is that he be able to move quickly through agency red tape, and have the support of the administration. It falls his task also to establish systems which assure accurate and routine data gathering from other sources pertinent to the client's history and prognosis (from such sources as medical, social, educational, etc.).

Referral information to most evaluation programs is often inadequate. It is usually in the form of summary or handwritten reports which can often be unclear, incomplete, and even at times illegible. The coordinator assures that the team has appropriate information upon which to make its admission decisions regarding potential new clients. Unfortunately, too many facilities, because of pressure to keep the program full (and their own salaries justified), accept clients who would not have been approved if proper referral data had been available. While little attention is paid in the literature to this area of assessment, it may prove to be a point at which some of the gravest injustice is done to clients. A well functioning team will not accept clients it is not prepared to serve, especially when more appropriate programs are available.

Vocational evaluation personnel often complain that referring counselors or other referral sources withhold important client information from the evaluation facility. Conversely, counselors cite as their reasons for not submitting such information (difficulties with authorities, psychiatric care, confinement to a mental institution, etc.) is that the facility will not accept the client for services if information of this nature is provided. Evaluation units frequently contribute to this dilemma, how-

ever, by accepting every case referral without adequate records or information on the client. As a result, these facilities are unable to effectively provide the needed services and in turn blame the referring counselor for their own failure. It is, therefore, vital that an efficient admissions procedure be established that will ensure receipt of all pertinent information upon which a realistic decision can be made in reference to whether or not the client can be adequately served.

Even more significant is the development of a professional relationship through the establishment of trust and cooperation between evaluation units and referral sources. Input from the counselor is just as important as feedback from the evaluation unit. Excuses, accusations, and criticism have no place in rehabilitation. If vocational evaluation is to grow professionally it must respond professionally by identifying its own strengths and limitations, establish goals and objectives, and develop a sound organizational and management system. Subsequently it can then demand that other professionals in the field respond in a similar manner.

The coordinator assures that evaluation of the program is facilitated through adequate feedback data from agencies and personnel which utilize the product of the evaluation unit. Not only does this facilitator have access to administration, but he functions as a team leader, assigning personnel flexibly as needed, and engineering the environments so as to create appropriate client reaction and interaction. While all team members may play a part in developing the team dialogue, it would be this individual's specific charge to see that team dialogue is initiated.

The *teacher/instructor* instructs the client in the use of tools, industrial equipment, and safety procedures and requirements relative to the tools and equipment. He may find himself giving the instructions for work samples or specific work stations in the sheltered shop. If the client is placed on a job tryout in industry, the teacher/instructor may work with him on the use of a bus and other issues of daily living.

His second function is perhaps more subtle, but nonetheless important: he must make certain that the client learns from his experience in the vocational evaluation program. He must see that the client encounters decision-making procedures, and learns that he can make rationally arrived at decisions. This function may be performed by floor supervisors, work sample administrators, nurses, travel leaders, job instructors, etc., who may handle several other functions, in addition to playing the instructor role.

The role of *counselor*, or *confidante*, with whom the client feels at ease, cannot be overlooked. This is not the traditional "counselor" image of the professional case manager, but rather the older image of the one whose skill at putting another individual at ease allows that individual to discuss and to plan creatively. This is probably not a behind the desk type of counselor, but rather the gray coated counselor who works alongside the client as he talks, or shares a cup of coffee with him at coffee break. He is sensitive to client anxieties and needs and is skillful at helping his client cope with the stress created in the evaluation situation.

It is the supportive counselor who is charged with helping the client to

identify and deal with his own needs and problems and who systematically tries to increase the client's ability to create his own experiences within the vocational evaluation program. It is obvious, simply in terms of human personality, that no one person is able to play this role with every individual. The mantle falls on different team members as they discover themselves relating effectively to specific clients. Many of the forums and position papers made specific comments on this specific role, observing—as did the Peoria, Illinois, forum—that “a client who has helped to plan his own program will work harder and strive for that goal.”

The *technician* is again a role and not a title. He is in essence the resident behavioral observation specialist. He is afforded by the facility both the training time and the necessary functional time to perform routine and systematic behavior observation of the clients. In many facilities the work samples administrator performs this function, the work sample itself being the specific situation and the performance and behavioral ratings schedules his recording tools. In some situations, such as in the Singer System, the time of one or even two individuals can be totally consumed performing this function; in other situations, the role of technician may be one of several functions which might also include that of teacher/instructor.

Grouped under this general functional category of technician might also be the responsibility of psychometric testing. It is obvious that the key to this function is the use of specific behavioral observation techniques, which gather and record empirical data, as opposed to the more reflective and intuitive techniques which are used in counseling and hypothesizing. It is also important to realize that these techniques can be learned and performed as well or better by individuals whose background is outside of, or distinct from, the social services group. Many rehabilitation workshops might well teach these techniques to supervisory personnel.

Specialists play an important role in the evaluation team. They are, so to speak, on call. The team will be better able to function if it has available to it the services of a psychologist, a medical doctor, a physical therapist, an occupational therapist, a speech and hearing examiner, a vocational skills instructor, etc.

It is important to recognize that every team member is something of a *vocational expert*. One of the gifts of the team is the diversity of backgrounds with which the client is allowed to relate; however, it is important that one or more individuals be uniquely equipped to be the resource who relates the client's abilities to job requirements. Vocational expertise is not a knowledge that one learns and then closes the book, but one that must be continually updated. When new job possibilities are speculated upon, it is his responsibility to observe and try out the team hypothesis by observing and surveying a representative type of job in industry. Because of his continual encounter with jobs, he is also uniquely equipped to make recommendations to employers relative to the regrouping of tasks which might allow an individual with a specific handicap to function competitively in regular employment. Facilities which have a job placement specialist may discover that he can play this role well.

Creative invention might be considered a mark of a good evaluation program. Job exploration is usually limited more by a lack of creative thinking relative to job possibilities than by any physical, mental, or emotional handicap. The training of one's intuitional talents to enable him to move beyond the mere articulation of empirical facts, is important for every member of the evaluation team. This does not mean that one ignores empirical facts; in fact because of this, one puts more emphasis on empirical facts and hard data collection, and it is the blending of this style of optimistic possibility and rational intuition that helps produce the best results.

For the *hypothesist*, evaluation is not, however, a simple collection of data and a making of one hypothesis, i.e., the final prognosis. Vocational evaluation is an ongoing process of gathering data, of making hypotheses, testing hypotheses, gathering more data, making more hypotheses, testing them, etc., till the client is willing to say "yes" to a hypothetical situation for which he is willing to be trained, and therefore to delay his job gratification.

The function of the *synthesist* is to pull together and extract a common thread from the various fabric of the different "discipline" opinions and to so articulate that as to enable a team consensus. This is not easy to achieve. Certainly all members of the team must seek to correlate and extract relevant data throughout the evaluation, but the synthesis must state the final consensus of the team. It would be fair to say that until this job has been done, there has not been a team evaluation, but merely a series of individual assessments which someone (usually the purchasing agent) must still synthesize. It is not uncommon then that this role be shared by several members of the team. It might be pointed out also that this is an area where many teams tend to show less than their full promise.

It falls the *report writer's* task to see that the final document is produced, and to assure that it is stated in terms which are understandable to its potentially broad readership. The report should be directed toward plans of action for the future, and should not dwell upon an historical account of the client's disability and problems. A clearly articulated plan of action, which details both the broad approaches and the specific tactics for the implementation of those goals, should be made so that future services might be planned in relation to the team recommendation.

DEVELOPING AN ACCEPTANCE OF THE EVALUATOR TEAM APPROACH

Let us assume for the moment, that the XYZ Rehabilitation Center, which is operated by the state office of vocational rehabilitation and which specializes in vocational evaluation, work adjustment, and skill training in 19 job cluster areas, has decided to put new emphasis upon the team approach. The first hurdle will be the breaking down of professional lines. This will not be accomplished overnight. It will require hours of staff workshops and must be done by the facility itself, not by coup. The

professionally entrenched (and we include the evaluator in this group) will change only when they have helped to create the plan of action which they have reasonable assurance will work. We have evolved our professional boundaries as a way of delimiting ourselves to specific arenas in order to be as effective as possible in dealing with the client's continuum of needs.

While it may be difficult to change the images of the persons involved, building an evaluator-team in a facility or agency is highly possible. What is more difficult to accomplish is allowing people outside the facility or agency to see themselves as members of the evaluator team. Assuming that the facility is attempting to involve its clients' family and friends, they can still be blocked from participating by their own former experiences of trying to help the individual. They often feel their talking about the individual might be painful, or might be detrimental for the client himself.

Former employers who have hired handicapped individuals out of sympathy, and then discovered that they were unable to perform to minimum expectations, will frequently be hesitant to give any "damaging" information. Many employers will stick to their "let him down easy" exit interview stories, rather than share facts which may lead staff to identify ways to eliminate problems on another job.

This can also be true, of course, of employers who hire a client at the completion of a training program. They remain silent despite problems until they become too severe to solve. This is frequently true even when the placement counselor is calling regularly to try to iron out problems.

Because most clients are served by many agencies and facilities during the course of their vocational rehabilitation programs, interagency communication can save a great deal of needless time and effort. Yet often the evaluator team, and the lone evaluator, have difficulty obtaining usable information. When requesting information from other agencies, one frequently discovers himself trying to deal with meaningless bits of generalized summaries or undecipherable scrawls, but very seldom is there any sort of future oriented prognosis which the other professional is willing to share. Even when the summaries are well done, they frequently tend to leave out work related data (e.g., past work history, training experience, the family's attitudes toward the client's desire or lack of desire to work). These omissions are not necessarily intentional; it is simply a fact that many professionals concern themselves with one particular problem and its alleviation.

Rehabilitation, and vocational evaluation, have as their orientation the holistic approach to man. There is no question that a strong emphasis is placed upon meaningful and remunerative work, since work is considered a mark of successful rehabilitation. However, people in these fields have discovered that unlike medicine—where if the home life is counter productive, the individual can be kept in a hospital or nursing home until the surgical procedures have healed him—vocational rehabilitation cannot be successful unless the client's physical, emotional and social needs are met.

Facility staff are often "trapped in the house." They frequently have no direct personal contact with individuals who are asked to send refer-

ring information. The converse can also be stated: a large number of professionals have never visited rehabilitation facilities and have little understanding of vocational rehabilitation. Frequently, the only contact between the outside professional and the facility staff comes in the way of a client-signed release form and a form letter requesting information about the client. Evaluation staff really should not expect a personalized response to an impersonal request form.

These conditions exist primarily because the agencies providing vocational evaluation services, and the team members themselves have not sought to educate other professionals, or clients' families and friends. The decision to develop a team identity implies the decision to enable referring counselors and family to see themselves as members of the team. Orientation, both formal and informal, of both groups is required. Well-written statements which articulate the facility's philosophy should be made available to referring agents, family, friends, etc. We would suggest that these statements attempt to communicate the agency's concern for its clientele in simple language and that technical jargon be avoided.

There are many in the field who complain about the "professional caste system." They cite as examples of this system such factors as: other professionals do not trust their training, their reports are ignored, and their services are not fully utilized. The fact would seem to be, however, that evaluators have participated in the creation of this system. They have not sold other professionals on the value of vocational evaluation, nor have they created the professional interchange and dialogue which would enable all the other professionals to trust the evaluators' ability to use the relevant data.

Evaluators also complain that the feedback they receive from other professionals is poor; they say they do not know how the clients turn out, and therefore cannot judge their own programs appropriately. Yet evaluators themselves seldom provide similar courtesies for agencies and individuals who have generated information which they request—except for the purchasing agent who is paying to assure the reporting of findings.

It would seem appropriate that vocational evaluator teams institute feedback systems which notify referral agents of the progress of the client at the end of the evaluation period. While this does not need to be a long or complicated report, we feel that future referral data might be enhanced through a letter such as the following:

"Mr. Smith has today completed a vocational evaluation program at the XYZ rehabilitation center. We have conveyed to his counselor our recommendations that training in accounting, as Mr. Smith desired, would appear appropriate. We appreciate the information you sent us at the beginning of the evaluation period. It was a great deal of help to us."

After we have instituted such practices, we will be in a better position to request this of others.

At issue in this area is not whether there is a "professional evaluator," but whether the vocational evaluation of an individual is carried on in a professional manner by capable staff. The perception that other social service agents, acting out of a medical/para-medical model, must domi-

nate the way in which vocational evaluation is structured, is a defeating burden. Evaluation will not be professional simply by providing training and creating a super specialist in the vocational area. It will become professional only as the evaluation services become intentionalized and a quality product is maintained.

TRAINING THE EVALUATOR TEAM

While training of evaluators is dealt with in a separate section of this project, we feel it is important to discuss training of the evaluator team at this point, also. Training of an evaluator team is a never-ending process. Our experience with teams has been that teams seldom remain intact for a very long period of time; therefore, there are constantly new team members to be assimilated into the team. Skills which a departing team member takes with him, must be assumed by one of the old hands or his replacement.

Communication is a training area which must receive constant attention. The team leaders must always be conscious of providing the team with common language and context out of which to operate and communicate. Behavioral language is crucial, but the team should also receive training in human relations and knowledge of the group process.

Training in staff conference methods is another area which must be emphasized. One uniqueness of the team approach is the team's decision to arrive at a consensus relative to the individual (as opposed to giving three to five different reports.) Methods for group decision-making and arriving at a consensus should be part of the training for evaluator teams.

Depending upon the intentionality of the team leader, it is possible to utilize the staffing conference itself as an informal training ground, taking time to discuss how individuals arrived at particular recommendations, and enabling other team members to understand their teammates' skills. It would be wise, however, to see that the team is given a chance to understand other professions, other facilities, and other agencies, and ways in which their services might be used to the benefit of the client.

The resource value of the evaluator team can be neither under- nor over-estimated. It is important to realize that the combined knowledge and ability of the team is its great gift, but it is also important to realize that that knowledge must be constantly refined and built upon.

In most teams, individuals tend to do their reading and brooding in limited areas of knowledge. A regular reading model which utilizes team assignments to see that the team is researching recent journals and other publications, and reporting back relevant facts to the whole team, will assure that the team's knowledge and abilities to work with other agencies and their personnel are broadly based. Inherent in this type of undertaking, of course, is the decision to subscribe to and purchase current periodicals and books on a regular basis.

Utilization of relevant research is also important data for the team. The investigation of new professional services and agencies can be assigned to one or two team members who can bring back relevant data to the team.

Finally it is important to keep up with the ever changing standards of practice which are published by such organizations as the Commission on Accreditation of Rehabilitation Facilities (CARF), the National Accrediting Council (NAC), etc. A team can keep up with a much larger body of new information and methods than can any lone individual.

Members of the evaluator team are responsible not only for their own education, but also for seeing that other staff of the facility or agency in which they work understand the purpose and the basic methods of vocational evaluation. Likewise it is important that the evaluator team put great emphasis upon educating referring agents so that counselors and other staff in referring agencies might better understand the need for particular types of referral data. One might say that this is more a public relations assignment than strictly an educational venture.

Not only is it important that members of the evaluator team act as the training agents to share the rationale and services of vocational evaluation, but they should also be the ones who allow other agency personnel to share their needs. It is important that they understand the needs of other professionals who will be using the vocational evaluation product. The Lake Charles, Louisiana, forum pointed out that even work adjustment and sheltered workshop instructors had no knowledge concerning the activities of vocational evaluation. It is incumbent upon the evaluator team, and especially the report writer, to be intimately familiar with service programs into which the client may move, so that reports and recommendations made at the end of the vocational evaluation program will be comprehensive enough to provide pertinent information and realistic proposals for action. They should be so written as to be usable by program specialists in such areas as social and personal adjustment, vocational training, sheltered workshop employment, job development, and placement, as well as by psychologists, educators, etc.

It is our feeling that there is no one correct approach for training members of the evaluator team. In fact we would urge that facilities and agencies develop a comprehensive approach to training the evaluator team. This approach might include on-the-job training guides for para-professionals working alongside experienced team members, to become certifiable. In-service training programs which focus on many of the areas discussed above should be ongoing and involve, at least from time to time, individuals from outside the evaluator team.

It is proposed that VEWA develop or enable the development of an inservice training package in order to allow for the development of more competency in the field.

Task Force #6 has done work in the area of continuing education and short-term training courses. We will not duplicate that report, but would rather underscore the necessity of developing more of these programs on a regional basis, and of encouraging facilities and agencies to provide time off and funding to stimulate staff members to attend training sessions (three days—two weeks) to improve their skills in particular areas. We would also underscore the need for university graduate and undergraduate rehabilitation training programs which permit individuals to

specialize in vocational evaluation, and would encourage the rehabilitation counselor training programs to broaden their base to permit a more global understanding of the term rehabilitation.

BARRIERS TO EFFECTIVE IMPLEMENTATION OF THE EVALUATOR TEAM

There are a number of contradictions which get in the way of more rapid development of the evaluator team. Primary among these is the emphasis upon "professionalization." Every shaman attempts to protect his position by creating a mystique and aura which implies he possesses an endowed power not readily available to the mass of humanity. Professions, for the most part, consciously or unconsciously defend their territory through such methods; the push for accreditation, certification, or a registry for vocational evaluators would appear to be a step in this direction.

In vocational evaluation, the professional image creates a false impression that the client cannot learn to make decisions for himself. The evaluation portion of the human delivery system thus tends to have the most rewards for those who remain a part of the "welfare-dependency" mindset, and the service itself becomes a block to the very goal (self determined vocation) to which it ascribes.

A second and only slightly less significant contradiction is the false hope in "evaluation systems." There proliferates the myth that someone will eventually create the type of computer analysis system for the individual that auto dealers have created for some brand of automobiles (plug in a wire and get a reading on 23 key problem areas). We have put more and more faith in the one "well-trained individual at the helm of a sophisticated system" to do the evaluation. While we are not denying training, we feel that this belief in solo evaluation is a limitation, in many respects, to the client's progress. The solo evaluator cannot possibly have the depth and breadth of experience that is possible in a team of three or more individuals. Secondly, there is much more danger of either losing track of the evaluatee (because other clients demand more time) or of making all of the decisions on behalf of the client because of both the time limitations on a solo evaluator and the limited exposure the client has to different data and personalities.

At present the whole field of evaluation, because of its anxiety over its lack of sophistication and the vast differences in personal competency, tends to make its prognosis about clients in absolutes, as opposed to possibilities and probabilities. A clinical art at best is based upon informed hunches, and the greater clarity which one has about his art, the less absolute his pronouncements. The evolution of the medical field is a good example of this; present-day medical doctors for all their sophisticated tools and aids are far less absolute in their pronouncements than they were half a century ago.

At present, caveat emptor should be the rule for any rehabilitation agent seeking to procure evaluation services for his client. The following are some reasons for this situation:

- Variances in training. Evaluators can have either a graduate degree in vocational evaluation or simply a high school Graduate Equivalency Degree (GED).
- Evaluator background. Some evaluator teams have a collective job background from many different job families, and other teams or individuals may be recent college graduates working at their first jobs.
- Agency intent. Some of the facilities look for specific training possibilities anywhere in the community, others for training possibilities within their own facility, and still others evaluate only as to whether clients might be acceptable in their sheltered workshop program. At present an agent has only two resources or means of checking the viability of a program: one is to check with other counselors about the facility's program, and the other is to risk referring a client to the program. They have little else in terms of selection criteria.

There are several types of agency restraints which affect evaluation programs directly. One might be classified as the purchaser's expectations. Many purchasing agents (referring agents) have time restraints within which a vocational evaluation must be performed and have a prescribed sequence for services; this is often truest when the state agency does its own evaluations. The expectation that a vocational evaluation must produce either a training-oriented recommendation or a recommendation for no further services (and must produce this recommendation within two to six weeks) may be unrealistic for many clients as a first step into the delivery system. In many instances it would be more realistic to provide a period of adjustment prior to evaluation, but either agency or supervisor interpretation of regulations can effectively prohibit this from occurring.

This task force suggests that it would be beneficial to research the possibility of providing "comprehensive adjustment services" *prior* to vocational evaluation services. By "comprehensive" we mean: work adjustment, social and personal adjustment, and remedial adjustment programs. This may seem like a radical reversal of current practice, but we feel it is warranted. Present practices are not always universally beneficial.

In private agencies, a second restraint grows out of the false myth that vocational evaluation is a good way for an agency to "make money." Evaluation is an expensive service. While it is hypothetically possible to have this service pay for itself, that would probably happen only after several years of staff and facility development. Evaluation programs, however, are started and perpetuated for the purpose of making money, for nonprofit agencies to pay bills. In order to make money, a number of ploys are tried—inexperienced evaluators are hired and put into situations where they have neither the proper guidance nor training possibilities. If trained evaluators are hired, they are put under pressure to produce more and more evaluations. Client loads are increased to such a point that the best-trained staff is unable to deal with them on more than a cursory basis.

Lone evaluators are expected to produce comprehensive results or, if the team approach is used, team members are expected to put in more time in other aspects of the facility (such as production in the sheltered shop) than in providing the evaluation service. And the staff is so limited that evaluators must be the supervisory personnel for all evaluatees all the time.

While state agency centers are not as concerned with the tenuousness of income shortages, they find themselves bound by regulations and personnel policies which are restrictive when changes are desirable and tend to perpetuate the present "house divided" approach to rehabilitation.

During the course of this research project the task force on human dynamics wrestled with the best approach of addressing itself to this issue. Initially, the group reviewed the evaluator's interpersonal relationship with the client, counselor, facility personnel, and other professionals. Because of the previously mentioned frustration and confusion, these areas were subsequently combined into one broad and general category. As a result, the task force concludes this issue by emphasizing the team approach to vocational evaluation rather than individual disciplines.

The task force feels that the team approach should be reemphasized, which should assist in the development of better working relationships between the evaluator, other rehabilitation professionals, and the client.

PROPOSALS

We would make the following proposals for the purpose of reinstituting the team approach to vocational evaluation:

- That the Vocational Evaluation and Work Adjustment Association seek the necessary funds to provide staff at the national level which would create an ongoing series of inservice training programs, directed toward the development of evaluator teams. This might be from either federal or private sources. It would probably not be a full time job, but might be tied in with another grant or job function. Perhaps one individual would be employed to do program development in other areas and perhaps for other divisions of the National Rehabilitation Association as well.
- That VEWA define a career ladder in vocational evaluation and adjustment and that VEWA encourage the development of personnel systems which allow an individual to increase his salary by gaining more experience, training, and expertise, and at the same time, allowing him to stay in the field—as opposed to so structuring the facility or agency career ladder that one can only graduate out of vocational evaluation or adjustment and into a better-paying job.
- That program accreditation through CARF and NAC continue to be a VEWA emphasis, and that the Association continue to play an active part in the development of those standards. We would further propose that VEWA set criteria for/and certify to CARF and NAC the names of individuals it considers (according to developed criteria) capable of conducting on-site program evaluations of vocational evaluation and adjustment programs. It would appear at

present that, in the midst of the ambiguity over the role of the vocational evaluator as opposed to the members of the evaluation team, we are not ready to certify vocational evaluators, but we are certainly in the position to certify program surveyors.

- That VEWAA develop a research and demonstration grant proposal to begin creating outcome systems and criteria for the evaluation of vocational evaluation programs.
- That VEWAA intentionally create alliances and agreements with other professional associations whose members might, in different facilities, become members of the evaluator teams. These organizations might include but not be limited to the National Rehabilitation Counseling Association, National Education Association, American Psychological Association, American Vocational Association, American Personnel and Guidance Association, American Association on Mental Deficiency, and the National Association of Social Workers.
- That a task force be created which would begin to propose the mechanism by which the relationships between vocational evaluation and work adjustment programs and program staffs could be defined and the interface between the two programs facilitated.
- That the job descriptions developed in this project be field-tested through the Consolidated Occupational Data Analysis Program (CODAP) to further enable training and career ladder development.
- Finally, that VEWAA develop a professional education program which includes tracts and trained aides to better disseminate to practitioners in other fields within the human services delivery system knowledge about the benefits of vocational evaluation.

References

The Evaluator Team Approach To Vocational Evaluation

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