

**VOCATIONAL EVALUATION AND
CAREER ASSESSMENT
PROFESSIONALS JOURNAL**

**Spring 2015
Volume 10
Number 1**



VECAP

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Vocational Evaluation and Career Assessment Professionals



**VOCATIONAL EVALUATION
AND CAREER ASSESSMENT PROFESSIONALS JOURNAL**

**PROFESSIONAL JOURNAL OF
VOCATIONAL EVALUATION AND
CAREER ASSESSMENT PROFESSIONALS**

**SPRING 2015
VOLUME 10
NUMBER 1**

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**Publishing, Subscription, and Advertising Offices: 9361 Barnescrest Drive,
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Published twice a year. Annual institutional rate: US \$120. Prices are subject to change without notice.

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VECAP MISSION

The Vocational Evaluation and Career Assessment Professionals (VECAP) is a nonprofit organization originally founded in 1967 to promote the professions and services of vocational evaluation and work adjustment. Formerly known as the Vocational Evaluation and Work Adjustment Association (VEWAA), the name was changed in 2003 to better reflect the focus of the organization as well as emphasize the independent status of the organization. This group has no affiliation with the National Rehabilitation Association (NRA) or the NRA/VEWAA.

The VECAP organization is committed to advance and improve the fields of vocational evaluation and career assessment and represents the needs of the professionals who provide those services. Its scope of services encompasses individuals who need assistance with vocational development and/or career decision-making.

VECAP's membership comprises professionals who provide vocational evaluation, assessment, and career services and others interested in these services.

VECAP members identify, guide, and support the efforts of persons served to develop and realize training, education, and employment plans as they work to attain their career goals.

For membership information visit VECAP.org.

EDITORIAL

Welcome to the Spring 2015 edition of the *VECAP Journal*

Contemporary and Classic

This issue of the *Journal* contains two very contemporary articles reflecting the broadening of the scope of our practice and a classic work on vocational evaluation. The first article, by Dr. Matt Fish, et al., describes a vocational evaluation service, Vocational Vital Signs (VVS), for persons from a socioeconomically depressed background. The VVS is reflective of a contemporary practice to provide brief vocational screenings using a combination of group and individual sessions to empower the client to start a career journey. In the spirit of full disclosure, co-editor Steven Sligar helped to establish this program and he continues to provide administrative support. Second is a literature review and discussion of an often overlooked component of a holistic perspective: spirituality. Dr. Chad Betters argues for inclusion of spirituality throughout the rehabilitation process, including the evaluation phase, in order to identify potential strengths or supports for the client's journey to employment and a more fulfilling life.

The classic work is from Dr. Stephen Thomas, who is from the academic home of the *Journal*, East Carolina University (ECU). He is a well-known and respected practitioner, educator, and philosopher of our field. Dr. Thomas has graciously granted VECAP the rights to reprint his text, *Vocational Evaluation and Assessment: Philosophy and Practice*. Since it was first drafted in 1997, this book has been used in the Introduction to Vocational Evaluation Course and only available through the ECU bookstore. This issue of the *Journal* presents the *Preface* and *Chapter One: Definitions, Theory and Philosophy of Practice* as the first installment of a serialization of the entire text. In order to acquaint the new reader (or reacquaint those readers who know him) with Dr. Thomas, a short interview by Matt McClanahan introduces this work.

We are proud of this edition and welcome your responses or comments.

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Vocational Vital Signs: A Different Approach

**Matthew T. Fish, C. Matthew Cox, Stephen J. Leierer, Steven R. Sligar,
and Paul J. Toriello**

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Abstract

Vocational Evaluation (VE) is an empowerment process that provides clients with a better understanding of self and work knowledge. During the provision of VE services, clients actively engage in work tasks to evaluate their vocational aptitudes, interests, values, and potential barriers to employment. The purpose of VE services is for clients to make a connection between their disability and career options, as well as assistive devices and technologies to minimize barriers. Another component of VE is providing clients with autonomy in planning and developing their future career decisions. The purpose of this paper is to describe how Vocational Vital Signs, a novel program at East Carolina University, is applying VE principles and tools with individuals who are disadvantaged by unemployment or underemployment.

Keywords: Vocational Evaluation, Testing, Career Assessment

Vocational Vital Signs: A Different Approach

Vocational Evaluation (VE) is an empowerment process that operationalizes how clients can develop greater self-knowledge about their personal relationship with work (Thirtieth Institute on Rehabilitation Issues, 2003). Two seminal works about VE by Nadolsky (1973) and Pruitt (1986) reference the rehabilitation aspect of VE with its emphasis on working with people with disabilities and the corresponding service to individuals who are culturally and socially disadvantaged. This article describes a VE service, Vocational Vital Signs (VVS), for the latter group.

Need for Services

The VVS normative needs assessment (Cox & Fish, 2012) showed that Pitt County, NC health and income disparities were higher than the state average. Statewide, Pitt County ranked 52nd for overall health, 54th for mortality, and 55th for morbidity (County Health Rankings and Roadmaps, 2013). DeNavas-Walt, Proctor, and Smith (2012) reported that the rate of poverty is increasing, with income disparities affecting Blacks and Latinos the hardest. The national unemployment rate in 2012 was 7.9% while Pitt County unemployment rate was at 10.1%, which

was a twofold increase since 2006 (U.S. Census Bureau, 2013; County Health Rankings and Roadmaps, 2013; Pitt County Community Health Assessment, 2011). Additionally, 24.0% of Pitt County residents met requirements for poverty compared to 16.1% for North Carolina (U.S. Census Bureau, 2013). Approximately 64% of students in the Pitt County Schools qualified for free or reduced meal price (Pitt County Community Health Assessment, 2011). Moreover, 19% of Eastern North Carolinians are uninsured, which is largely related to employment (County Health Rankings and Roadmaps, 2013).

Such disparities can have a negative impact on individuals including a greater risk of not being insured, increased criminal behavior, higher mortality rate, reduced access to health care, and a poorer quality of care (Danis et al., 2007; Dubay & Lebrun, 2012). Several income and mortality factors involve low quality diet, physical inactivity, tobacco use, heavy alcohol use, lack of access to insurance, and decreased overall health status (County Health Rankings and Roadmaps, 2013; Dubay & Lebrun, 2012). Therefore, VVS was created in an attempt to address the needs of individuals who are disadvantaged by unemployment and underemployment in Pitt County.

VVS Program Description

Vocational Vital Signs (VVS) is a VE program housed within the Department of Addictions and Rehabilitation Studies (DARS), Navigate Counseling Clinic (NCC) at East Carolina University. The NCC opened in June 2012 and the VVS program began in October 2012. Service utilization data shows that from October 2012 to December 16, 2014, 379 clients were served in NCC and 200 of those participated in

VVS. There were 147 VVS completers, 49 non-completers, and 4 in active status (Coleman & Leierer, 2014). The NCC was developed on the belief that everyone should have access to professional counseling and VE services, regardless of economic status and ability to pay. The NCC mission is “to help people navigate life” (Navigate Counseling Clinic, 2013). The NCC is open 3 days a week, Monday, Wednesday, and Friday, from 9 a.m. to 1 p.m., and the staff consists of doctoral students in the Rehabilitation Counseling and Administration program and master’s students in either the Rehabilitation and Career Counseling or the Substance Abuse and Clinical Counseling program who are supervised by the DARS clinical faculty. The NCC provides mental health, substance abuse, rehabilitation, and career counseling services (Navigate Counseling Clinic, 2013). The NCC maintains a strong connection to the community of service providers and persons who desire a positive change in their lives. This connection in combination with the NCC needs assessment (Cox & Fish, 2012) indicated a gap between vocational needs and affordable clinical services. The goal of VVS is to help clients become better prepared to (re)enter the workforce by developing awareness of their VVS that include aptitudes, interests, values, employment barriers, and goals. At the conclusion of the VVS evaluation, clients develop their next steps (e.g., job finding plan of action) toward employment. As the managing unit, the NCC has Institutional Review Board approval from East Carolina University for studies related to VVS. The following is a discussion of the VVS process and an example final summary report for a client.

Vocational Vital Signs Process

The Department of Social Services (DSS) refers clients to NCC for VVS services, which is a partial requirement to receive Work First benefits, which is the name of North Carolina's Temporary Assistance for Needy Families (TANF) program. To complete VVS successfully, clients are required to finish six sessions that may take one to two weeks. Upon receipt of a referral, the VVS workflow is as follows:

- (1) **Orientation:** During this session, clients are provided an overview of VVS. In addition, staff collect health and employment information, and process administrative forms (e.g., release of information for DSS, contact information, consent to treatment, tracking forms, receipt of Client Handbook).
- (2) **Intake:** Clients meet one-on-one with a VVS counselor to collect demographic and psychosocial information using a behavioral health questionnaire, the Global Appraisal of Individual Needs – Short Screener (GAIN-SS; <http://www.gaincc.org/GAINSS>). If clients' scores on the GAIN-SS indicate possible problem areas, then further assessment is provided.
- (3) **Groups:** After completing orientation and intake, clients choose when and in what order to attend three separate groups: My Vocational Aptitudes, My Vocational Interests and Values, and My Vocational Barriers.
- (4) **Final Session:** Upon completion of the three groups, clients attend a final individual session to review and receive their completed VVS summary report (Toriello, 2013). The purpose of this final session is to summarize assessment information and formulate job-seeking goals and strategies, which are taken to the clients' DSS caseworker.

Vocational Vital Signs Summary Report

The final product of the clients' evaluation is the VVS Summary Report (Appendix) that is written in the first person with the intention to match the level of the report with the clients' reading level. The readability tool in Microsoft Word is used to check grade level and Flesch–Kincaid readability scores with a guideline of ≤ 5.0 and ≥ 60 , respectively. For example, the appended narrative report for a community college student has a Flesch-Kincaid grade level of 6.8 and a Flesch Reading Ease score of 68.5 (note: headings removed for analysis). Each section of the report is linked to a specific instrument. Following is a description of each section of the report with the corresponding instruments and methods.

My Vocational Background

The My Vocational Background section summarizes information from the orientation and intake sessions. The orientation is offered on Mondays at 10:30 a.m. and clients complete required documentation for the initiation of services. The paperwork varies depending on clients' needs and information already available from other clinics sharing the same electronic health record (EHR). In addition to administrative forms, the VVS Background form is completed. This form is used to collect clients' information such as medical information about functional limitations, work history (includes how jobs were found and reasons for leaving), education and training, hobbies, social activities, and military background.

During orientation, a screening instrument is administered to match reading skills with tests used in the evaluation.

Initially, the VVS staff selected The Reading Skills Assessment Tool (<http://www.andersons.com/downloads/Reading-Skills-Assessment-Tool.pdf>) because it was brief and easy to administer. Upon further evaluation by VVS staff it was found to lack acceptable psychometric properties and its use was discontinued. The Wide Range Achievement Test 4 (WRAT4; <http://www4.parinc.com>) Word Reading subtest was evaluated and met the need for academic screening, brevity, ease of use, and acceptable psychometric properties. This instrument is currently in use and the results are in the My Reading Skills section of the report.

Global Appraisal of Individual Needs – Short Screener (GAIN-SS).

Following orientation, during the initial intake session the GAIN-SS is administered to VVS clients. This one-on-one session can be completed within 30 minutes but may take up to an hour depending on the level of discussion of each item and follow up questions from the counselors and/or the clients. The GAIN-SS does not typically contribute to information provided in the summary report but is used to screen for the likelihood of a clinical diagnosis (Dennis, Feeney, Stevens, & Bedoya, 2007). In instances in which clients provide responses relevant to potential job matches, potential matches may be omitted from the VVS summary with no indication of information gathered from the GAIN-SS. The current version of the Screener consists of 23 questions and may identify if clients are likely to have a mental health disorder, problems related to crime/violence, and/or issues with substance use (Dennis, Feeney, Stevens, & Bedoya, 2006). If counselors are alerted to the potential of clinically significant problems, a more comprehensive

GAIN-Q3 is administered to the VVS clients (Toriello, 2013).

The GAIN-SS and the initial orientation provide the VVS staff with information related to the clients' work history and educational background, which is used in the first section of the VVS summary report. The section titled My Vocational Background provides counselors and clients with a better understanding of clients' work history and experiences they have or have not had in the workforce. An example of what a VVS counselor might write includes

I earned my GED through Eastern Job Corps in North Carolina. The subjects I enjoyed best during high school were English and Home Economics. I enjoy helping elderly people who live on my street and I have experience working as a housekeeper at Motel 6.

My Vocational Interests and Values

The My Vocational Interests and Values group collects information used in two sections of the VVS summary report: My Vocational Interests and My Vocational Values. Two different instruments are administered and each was selected because of cost (free from O*Net) and brevity.

O*Net Computerized Interest Profiler (CIP). During the My Vocational Interests and Values group, VVS clients complete the CIP. The CIP is a computerized self-administered exploration tool that enables VVS clients to become aware of work they may find enjoyable and stimulating. The CIP consists of 180 items that detail different work activities from a variety of jobs and training levels. Typically, VVS clients complete the CIP in 10 to 20

minutes. After completion, VVS clients receive a score for each of the six occupational interests—Realistic, Investigative, Artistic, Social, Enterprising, and Conventional—and spend time discussing their results with other members in the group (Rivkin, Lewis, & Ramsburger, 2002).

The CIP provides information needed for the second section of the VVS summary report. This section, My Vocational Interests, summarizes clients' highest scores of the six potential occupational interest categories. For example, a high score for the social occupation interest might read

I am most interested in jobs where my work activities include assisting others and promoting learning as well as personal development. I enjoy working with others so that I can teach, give advice, help, or be of some type of service. I also like to start up and carry out projects.

The CIP is used to ensure counselors do not suggest or encourage work that does not match clients' vocational interests or those that clients may consider boring. The goal of the CIP is for clients to identify work that is interesting and engaging to them.

My Vocational Values

The other instrument used in the My Vocational Interests and Values group collects information on the clients' values. Information on this instrument is presented next.

O*Net Work Importance Locator (WIL). The purpose of the WIL is for VVS clients to identify their work values and how those values impact key aspects of employment. During this group, VVS clients are provided with 20 Work Value Cards and

a Work Value Card Sorting Sheet. They are asked to rank the different aspects of work (U.S. Department of Labor Employment and Training Administration, 2000). The 20 Work Value Cards represent six important work values: achievement, independence, recognition, relationships, support, and working conditions (Rivkin, Lewis, Schlanger, & Atkins, 2000). A score is calculated that indicates the relative importance of the six work values. Group participants then discuss how their work values are similar or dissimilar to others in the group and are encouraged to share related work experiences.

The WIL provides information that encapsulates clients' highest work value scores, which are used in the third section of the VVS summary report, My Vocational Values. For example, the report for VVS clients who score high on the relationships and support work values section may read

I most value working at companies where the employer stands behind the workers and employees are comfortable with the management style. I value friendly co-workers and employers who are considerate and treat employees fairly.

In the above example, the WIL allowed the counselors and clients to understand better that the clients value a work environment that has positive relationships and is supportive of employees. Conversely, the individuals would not value a job with a solitary work environment where positive interactions were non-existent.

My Vocational Aptitudes

The instrument administered during the My Vocational Aptitudes group is the most time consuming and requires the most

mental effort. The following is an explanation of the aptitudes instrument.

The Career Ability Placement Survey (CAPS). The CAPS takes about 50 minutes to administer and assesses VVS clients using eight ability dimensions: mechanical reasoning, spatial relations, verbal reasoning, numerical ability, language usage, word knowledge, perceptual speed and accuracy, and manual speed and dexterity. The CAPS scores are used to compare VVS clients to others with similar education and are interpreted using the 14 COPSsystem Career Clusters (Knapp, Knapp, & Knapp-Lee, 1992). The COPSsystem Career Clusters provide VVS clients with information related to occupational areas that may be appropriate given the clients' current abilities along with careers that are possible if clients desire additional job-training (Knapp et al., 1992). Clients complete the assessment in a group setting, where the group leader reads instructions aloud and provides the opportunity for clients to ask questions.

The CAPS is the basis of the fifth section of the summary report, which includes information relevant to the highest stanines from the eight ability dimensions. This section titled, My Vocational Aptitudes, might include

Of the eight areas assessed, I scored highest in manual speed and dexterity and language usage. Manual speed and dexterity is a measure of rapid and accurate movements with my hands. Language usage measures how well I can use correct grammar, punctuation, and capitalization. This means I may excel at jobs that require written or oral communication and clerical jobs that may utilize typing or tech jobs.

The CAPS allows VVS clients' aptitudes to be matched with jobs in which they have an interest or in which the CAPS suggests clients may excel.

My Reading Skills Level

The data for this section is collected during intake and is used to ensure that the clients' word recognition level matches the instruments used in VVS. Generally, clients need to score ≥ 5.0 to 6.0 to continue with the instruments as outlined. Reading Skills are reported as supporting the clients' job interest or in terms of functional skills such as

I want to work as a server in a restaurant. My reading skills will help me to read orders, follow safety and other posted information, and participate in training.

OR

I am able to read directions and work related instructions, use a dictionary to look up words, fill requisitions or work orders, or file correspondence or invoices.

In order to preserve clients' dignity and prevent confusion, only supportive or functional information is presented, never scores. Scores are available upon request from DSS.

My Barriers to Employment

The My Barriers to Employment group lasts approximately an hour, but can run longer depending on the involvement of the clients. The following section provides an overview of the barriers assessment and its relation to the summary report.

Barriers to Employment Success Inventory (BESI). The BESI provides VVS counselors and clients a standardized

approach to identify and clarify significant past and present barriers to employment (Liptak, 2011). The BESI's administrator guide reports the majority of vocational programs and interventions available to help clients conquer vocational barriers tend to cluster in five specific categories. These make up the individual scales used for the BESI: personal and financial barriers, emotional and physical barriers, career decision-making and planning barriers, job-seeking knowledge barriers, and training and education barriers (Liptak, 2011). The BESI takes approximately 20 to 30 minutes to complete, consists of 50 simple statements that cover the five barrier categories, and has suggestions for methods to break down barriers and formulate a plan of action (Liptak, 2011). Upon completion, group involvement and discussions of the BESI results may easily last from a few minutes to 30 minutes or more. The information provided by the BESI provides material for the fourth section of the VVS summary report, My Vocational Barriers To Employment. An example of this section might read

My barriers to employment include transportation to and from work and negative past experiences. I plan to overcome my work barriers by arranging to share rides with others or learn about private transportation options, and not to focus on the past work experiences and keep moving forward.

The plan to overcome the identified barriers is developed through group and individual interactions with the VVS clients. The idea is not only to identify barriers for VVS clients but also for clients to become more aware of and involved with methods to lower or remove identified barriers.

Summary Report

The VVS summary report was designed by NCC staff to provide VVS clients with a screening report related to their vocational aptitudes, interests, values, and barriers to employment (Appendix). During the final session, VVS clients meet with a clinician one-on-one to discuss and receive a copy of their completed VVS summary. During this session, clients complete the "My vocational objective..." and "My next steps..." sections of the VVS summary report (Toriello, 2013, March 13). For example, a client may write, "My vocational objective includes returning to work either in housekeeping services or dietary services in a nursing home." Correspondingly, his or her reported next steps may include calling a previous nursing home employer to inquire about any open position, completing one application for housekeeping positions each day while his or her child is at school, and visiting stores to complete applications for cashier positions. This allows the clients to finalize their next steps as they transition from the VVS program to actively seeking employment.

The final section of the VVS summary report includes ten common recommendations that counselors may suggest to VVS clients. These recommendations include completing job readiness training, completing additional VE services, seeking career counseling to better prepare for the future, talking with a local community college about GED preparation, contacting Legal Aid of NC to help deal with criminal records that may impede work, counseling for help with life stressors and/or life skills, seeking counseling to help with life skills such as budgeting and decision-making, completing training at

Literacy Volunteers of Pitt County, and contacting the Job Link Career Center. Additional space is provided for other recommendations related to clients' needs. The clients and counselors review all of the different sections of the VVS summary report to ensure that the information is accurate and the clients agree with the summary. The clients and counselors conducting the final session sign and date the VVS summary report, which is added to the clients' file and faxed to the caseworker at DSS (Toriello, 2013).

Conclusion

This novel program, VVS, is using traditional VE principles and practices to work with individuals who have cultural and social disadvantages. Similarly, VVS is using VE methods to help those who are underemployed and unemployed to gain meaningful employment. As VVS staff review outcome data, it appears that the trend is positive, suggesting that VVS is helping clients gain employment. Furthermore, clients can be more proactive regarding their health care and improve their quality of life. Research demonstrates that employees who annually earn \$25,000 or more receive roughly \$11,600 in benefit cost each year (Danis et al., 2007). In other words, by helping VVS clients gain employment, we help them gain increased access to primary care and insurance, and reduce the amount of reliance placed on federal and state funds, which may help lessen the health and income disparity apparent in Pitt County, North Carolina.

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Appendix



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VOCATIONAL VITAL SIGNS MOCK REPORT¹

My Vocational Background

I have previously worked at the Piggly Wiggly for six years. I am currently working part-time as an event staff/gate attendant in Durham, North Carolina. I graduated from North Pitt High School in 2007. I am attending Lenior Community College pursuing a Culinary Arts degree. After I finish my degree I want to work as a cook in a restaurant. After I get a few years of experience I want to work in a Hotel Restaurant.

My Vocational Interests

The three highest interests based on the O*Net Interest Inventory include social, conventional, and artistic. People with social interests like to communicate more than work with things. This matches my goal of working in a leadership position as a cook. People with conventional interests like work activities that follow set procedures and routines. This also matches my goals of leading a kitchen cook line. People with artistic interests like work activities where they can use self-expression in their work. This matches my passion for cooking, which allows me to use my creative side.

My Vocational Values

My three highest vocational values are independence, achievement, and relationships. People who value independence should explore work where they can make decisions on their own. Based on my past work experience, I like jobs best when I can work on my own away from a group. People who value achievement should look for jobs where they can get a feeling of accomplishment. I like to see the effects of what I am doing at work. I like to see if I am doing better or if I need to improve. People who value relationships should look for jobs where the co-workers are friendly. I like to have co-workers that can help me. If I have a question they can help me find the answer. I like to have good relationships with customers to make sure they come back. These values match my goal to be a chef.

My Vocational Aptitudes

I scored highest on the Career Ability Placement Survey in spatial relations and manual speed and dexterity. Spatial Relations measures how well a person can think about the position of pictures. This is important in jobs in Science, Technology, and Arts. Manual Speed and Dexterity measures how well people can work with their hands. This is important in Arts and Technology jobs. The area that I scored the lowest was numerical ability that measures how well a person can use numbers. This ability is important in jobs in the fields of Science, Service, and Technology.

¹ Note: Flesch Reading Ease Score: 67.0

Flesch-Kincaid Grade Level: 6.9

My Barriers to Employment

My biggest barriers to employment include career planning, training, and education. Making good career decisions concerns me. Getting licenses or certificates related to my job goals also concerns me. I also have financial and job seeking knowledge barriers.

My Plans to Overcome These Barriers

I have a short term goal to find other transportation to help overcome financial barriers. I have printed out the GREAT bus routes and schedules for Pitt County. I plan to use that information to help my barriers with transportation. My long term goal is to get a car. I also have a short term goal to figure out how to handle both STRIVE² and my class schedule. I plan to talk to my professors and see if they will let me miss class so I can complete the STRIVE program. I also have goals to work on knowing the right things to say during interviews. Completing the STRIVE program will help me overcome this barrier.

My Vocational Objective

I would like to go for my bachelor's degree in Culinary Arts.

My Next Steps

1. Finding daycare or schooling for my two children.
2. Finding stable housing in Greenville or within the surrounding areas.
3. Purchasing a reliable car with good mileage and gas.

Navigate Recommendations

- Complete job readiness training that helps me with application, resume, and interviewing skills.
- Complete additional vocational evaluation to better understand my vocational abilities, interests, values, aptitudes, etc.
- Seek career counseling on career planning and decision making that fit my life situation.
- Talk to Pitt Community College about their GED preparation courses (252-493-7340).
- Contact Legal Aid of NC for advice on dealing with my criminal record as a barrier to work (1-866-219-5262).
- Seek counseling for help with other issues in my life (e.g., stress, substance abuse, anger management, depression, etc.).
- Seek counseling for help with other life skills (e.g., budgeting, decision-making, etc.).
- Seek additional training at Literacy Volunteers of Pitt County (252-353-6578).
- Contact Job Link Career Center about receiving job training or placement services (252-355-9067).
- Other: _____.

Client Name/Signature/Date: _____

Clinician Name/Signature/Date: _____

² Note: STRIVE is a private job readiness training program (<http://strivenc.org/about-us/>)

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Spirituality and Rehabilitation: Emphasizing the “Holy” in Holistic Vocational Rehabilitation Services

Chad J. Betters

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Abstract

Spirituality, as a dimension of the vocational rehabilitation process, is widely recognized throughout many arenas of the profession. The literature in multiple counseling, medical, rehabilitative, and allied health professions conveys the value of including spirituality in the therapeutic context. However, the role and function of spirituality within the field of vocational rehabilitation is comparatively unestablished and practically absent. This paper will provide a summary of the limited body of literature addressing the dimension of spirituality within the vocational rehabilitation profession, as well as identify potential reasons for the lack of spiritual integration in vocational rehabilitation service delivery.

Keywords: Spirituality, Counseling, Rehabilitation, Disability, Vocational

Spirituality and Rehabilitation: Emphasizing the “Holy” in Holistic Vocational Rehabilitation Services

Spirituality, as a dimension of the counseling process, is widely recognized throughout many arenas of the counseling profession (Boswell, Knight, Hamer, & McChesney, 2001). Outside of the obvious fields of pastoral counseling and faith-specific practices (e.g., Christian counseling), spirituality has become a more prominent piece of the therapeutic context in which counseling and evaluation services are rendered (Boswell et al.). The literature in multiple counseling specialties, as well as medical, rehabilitative, and allied health professions, conveys the value of including the spiritual being in successful service delivery, and views spirituality to be as equally important as the physical and psychosocial aspects of the individual. However, despite the identification and

implementation of spiritually based practices within these helping professions, the role and function of spirituality within the field of vocational rehabilitation is comparatively unestablished and practically absent. This paper will provide a summary of the limited body of literature addressing the dimension of spirituality within the vocational rehabilitation profession, as well as identify potential reasons for the lack of spiritual integration in vocational rehabilitation service delivery.

Spirituality

Defining spirituality is a difficult task. One definition that offers a semblance of the matter is, “the process of finding purpose and meaning of life through that which is held sacred” (Spitznagel, 1997, p. 101). Spirituality’s root word, spirit, is derived from spirare, which is Latin for “to breathe.” The spirit is therefore considered

the “breath of life,” or “the incorporeal part of humans.” Spirituality, as a dimension, has evolved over time, yet the concept of the spirit has not. Beginning with Hippocrates, his understanding of the mind-body-spirit triad and its interconnected oneness is well documented (Spitznagel, 1997). The established mega-religions (Christianity, Judaism, Islam) all identify the mind-body-spirit relationship, and they portray the spirit as the key variable within the relationship.

When examining spirituality, differentiation from religiosity, or the degree in which religion is involved in one’s life, is important. Religion, derived from Latin’s “to bind” (religare), is the fundamental set of beliefs and practices generally agreed upon by a number of persons or sects (Spitznagel, 1992). Religion can be considered the organized truths and behavioral actions constructed by a group’s sense of spirituality. Religion is not indicative of an individual’s spiritual beliefs, however, as individualized differences can occur within a religious body. However, religion does provide consistency within its main tenets, such as Christianity’s belief in the Holy Trinity, which can be shared across a body of people. Religions, therefore, can provide a sense of uniformity. However, an individual’s spiritual being is more important to be aware of if interested in one’s spirituality as a dimension within the therapeutic context.

Recent research has suggested that 91% of Americans believe in a “God or universal spirit” (Barnes & Lowery, 2013). Not surprisingly, spirituality has become a very important aspect of health and wellness, as depicted in the growing interest in the medical, health, and rehabilitative professional scientific literature. A quick literature review will demonstrate the growing awareness of how valuable it is

perceived to address a client or patient’s spirituality (process of finding purpose and meaning of life) in the context of health care delivery. Most helping professions have established a recognition of the spiritual dimension. Research and clinical application has evolved to implement this component of the human condition, and data suggests that by doing so, positive outcomes relevant to the specific discipline are noted (Boswell, Knight, Hamer, & McChesney, 2001). Yet, despite the recognized value of spirituality within these professions, one professional arena is significantly deficient in terms of research conducted on spiritual integration: rehabilitation. This is ironic, given the nature of the disciplines and predominant issues that rehabilitation professionals address in practice.

Rehabilitation Counseling and Vocational Evaluation: The Vocational Rehabilitation Professions

Rehabilitation counseling, as a discipline, can be defined as, “A profession that assists persons with disabilities in adapting to the environment, assists environments in accommodating the needs of the individual, and works toward full participation of persons with disabilities in all aspects of society, especially work” (Szymanski, 1985, p. 3). According to the Commission on Rehabilitation Counselor Certification (CRCC), which is the credentialing entity that manages the nationally recognized Certified Rehabilitation Counselor (CRC) credential, the scope of practice of rehabilitation counseling is

A systematic process which assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their

personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process. The counseling process involves communication, goal setting, and beneficial growth or change through self-advocacy, psychological, vocational, social, and behavioral interventions. The specific techniques and modalities utilized in the rehabilitation counseling process may include, but are not restricted to assessment and appraisal; diagnosis and treatment planning; career (vocational) planning; individual and group counseling treatment interventions; case management and service coordination; program evaluation and research; interventions to remove environmental, employment, and attitudinal barriers; consultation services; job analysis, job development, and job placement services; and provision to rehabilitation technology (CRCC, 1994, p. 1–2).

Essentially, rehabilitation counseling is a counseling specialty that specifically addresses the needs of individuals with disabilities, focusing on the impact of disability within the individual's life and working through challenges that arise based on the state of disability. Rehabilitation counseling also focuses on one particular need that typically presents itself as a challenge for those with disabilities: work, or occupation. A significant component of rehabilitation counseling is known as vocational rehabilitation, which targets the vocational need of individuals with disabilities and aims to assist the individual with acquisition and maintenance of

successful employment (Shaw & Betters, 2004). Given the disparity that exists within employment for individuals with and without disabilities, rehabilitation counseling serves people with disabilities by overcoming the disability-related obstacles and moving towards equal access in terms of competitive employment. Rehabilitation counseling, as a profession, was initially conceptualized for this very reason. The Vocational Rehabilitation Act of 1954 created the field of rehabilitation counseling and subsequently the Vocational Rehabilitation program, a federally funded service available to individuals with disabilities in all fifty states and United States territories (Szymanski, 1985). This program and accompanying profession was established to meet the needs of returning soldiers from World War II who could not reintegrate into the civilian workforce due to acquired service-related disabilities, as well as equip citizens with disabilities who were currently not within the labor force to accommodate the national labor shortage.

Another discipline that exists within the vocational rehabilitation profession is vocational evaluation. The current definition for vocational evaluation was developed by the Vocational Evaluation and Work Adjustment Association (VEWAA), and is as follows

A comprehensive process that systematically uses work, either real or simulated, as the focal point for assessment and vocational exploration, the purpose of which is to assist individuals with vocational development. Vocational evaluation incorporates medical, psychological, social, vocational, educational, cultural, and economic data into the process to attain the goals of evaluation (Dowd, 1993).

Vocational evaluation is a specific discipline aimed at serving individuals with and without disabilities by identifying employability via observation, standardized testing, and real work evaluation. Essentially, individuals with disabilities utilize vocational evaluation services to assess strengths and weaknesses relevant to any disabling condition or process in terms of the ability to acquire and maintain employment. According to the latest roles and functions study conducted on vocational evaluation (Hamilton & Shumate, 2005), vocational evaluation involves analyzing and synthesizing data derived from paper-pencil and clinical assessment tools; conducting behavioral observation and evaluation; participating in case management and vocational rehabilitation planning; performing occupational analyses, such as transferable skills analyses, job analyses, and labor market analyses; providing vocational counseling based on determined employability; and practicing within a professional manner that promotes successful rehabilitation outcomes. A vocational evaluation aims to ascertain all necessary information to establish the ideal vocational recommendation for the individual.

For 60 years, vocational rehabilitation professionals have served to meet the physical, mental, developmental, cognitive, and emotional needs of those with disabilities. But what about the spiritual needs? Or more specifically, how one's spirituality impacts the physical, mental, developmental, cognitive, and emotional needs while adjusting to disability? Unfortunately, as indicated by the scientific literature and communication pertaining to the community standards of practice, vocational rehabilitation professionals currently fall short in addressing this

dimension of the human condition when compared to other medical, health, and rehabilitative professions.

Spirituality within Vocational Rehabilitation Literature

A cursory review of the literature within various helping professions will produce a vast amount of published articles examining the positive impact of integrating the spiritual dimension into practice. Fields that abundantly recognize the value of the spiritual domain include mental health counseling, marriage and family therapy, substance abuse counseling, and life coaching, as well as medical and rehabilitative disciplines, including all specialties of medicine, nursing, physical and occupational therapy, nutrition, and complementary/alternative approaches (chiropractic, acupuncture, etc.). Hundreds to thousands, depending on the discipline, of articles have been published. There is an undeniable respect within a multitude of helping professions for the role and function of spirituality. However, comparatively, there is a void within the vocational rehabilitation literature.

In order to examine the role of spirituality within the vocational rehabilitation literature, a comprehensive literature review was conducted to identify all manuscripts that addressed spirituality within the rehabilitation counseling and vocational evaluation disciplines. Two exclusionary criteria were utilized during this process. The first exclusion was that only manuscripts published in rehabilitation counseling, vocational evaluation, or counseling-related journals were considered. This was to ensure that the publications considered were those that rehabilitation counselors, vocational evaluators,

rehabilitation educators, and rehabilitation researchers would utilize for clinical or scholarly purposes. The second exclusion was that during the literature review search, a purposeful decision was made not to search using the term “multicultural” or any derivative of multiculturalism. Although spirituality is a cultural variable, the research addressing multiculturalism within the field of vocational rehabilitation is overwhelmingly fixated on race/ethnicity. Most of the multicultural rehabilitation research focuses on race/ethnicity difference in disability adjustment and other psychosocial aspects, as well as disparities within vocational rehabilitation service delivery. This perspective was recently affirmed by Dr. Brenda Cartwright, one of the leading rehabilitation counseling researchers in the area of multicultural concerns, at a recent national conference (Shannon, Donnell Carey, & Cartwright, 2014).

The literature review, using the two exclusionary criteria, identified 52 manuscripts, 47 of which were published in peer-reviewed journals between the years of 1981 and 2013. Four unpublished dissertations were found via Dissertations Abstracts International, as was one white paper drafted for a professional organization. This is a significant discrepancy from what can be obtained from the other previously noted disciplines. Interestingly, upon review of the publications addressing spirituality and vocational rehabilitation, the need to correct this discrepancy is apparent based on the blatant call for spirituality-related research and clinical application.

The following is a summarization of the present body of literature examining spirituality within vocational rehabilitation. It is important to note that not all 52

manuscripts are explicitly represented in this summary; rather, an intentional synopsis is provided, based on a selection of the manuscripts that depict the three major thematic elements noted within the literature, including 1) the need to integrate spirituality into vocational rehabilitation to promote a holistic practice, 2) the potential values of including the spiritual dimension in the vocational rehabilitation process, and 3) empirical findings from studies examining the spiritual context within disability and how vocational rehabilitation professionals perceive this relationship. By doing so, shared perspectives will be presented together to limit repetition and strengthen the positions taken by the authors.

The earliest identifiable publication addressing spirituality within the vocational rehabilitation literature was written in 1981 by Andrews titled, “Holistic Approach to Rehabilitation.” This article was a theoretical paper suggesting that spirituality should be considered when attempting to provide holistic services, such as that within rehabilitation counseling. This paper was followed five years later by a second theoretical piece presenting a paradigm for holistic rehabilitation counseling provision, including the dimension of spiritual wellness (Goodwin, 1986). Four additional articles written by two authors presented the same argument that a lack of spiritual integration in rehabilitation counseling resulted in an incomplete delivery of holistic counseling services. Spitznagel published two pieces of work specifically looking at spirituality within vocational evaluation and work adjustment. In 1992, Spitznagel published an article claiming that a definite challenge exists when working as a work adjustment counselor aiming to address the whole person, especially when counselors are not

trained in matters of spirituality and religion. This challenge, according to his findings, resulted in inferior service provision, specifically when aiming to provide holistic services. Spitznagel authored a follow-up article in 1997 speculating that spirituality is not addressed in vocational rehabilitation because of religious overshadowing, which in turn negatively affects rehabilitation outcomes within work adjustment services. During this time, three papers were published by McCarthy, who also stated that rehabilitation counseling was lacking in the totality of service delivery. McCarthy (1995a) published an article urging rehabilitation counselors to address the spiritual needs of the client, arguing that this is distinctly missing when only focusing on the physical, mental, and emotional needs of the client. McCarthy (1995b) also published a theoretical paper postulating that rehabilitation counseling's technocratic nature acts as a barrier to implementing spiritually oriented services.

It was four years later before another author published work looking at spirituality within rehabilitation counseling. Havranek produced four articles within the following four years, representing the most active research agenda focused on this topic within the published rehabilitation counseling literature. In 1999, Havranek published two papers supporting former work done on this topic. In his first publication (1999a), he argued that not only is spirituality important for holistic practice, but that spirituality could serve as a mechanism for clients to develop personal empowerment during their rehabilitation process. This was the first paper to go beyond the position of including spirituality for the sake of providing counseling holistically, and purport an application for the counseling process. Havranek (1999b) also conducted a brief

survey on Certified Rehabilitation Counselors (CRCs) to measure belief differences between this group of professionals and the general population. Havranek reported that CRCs may rely more on non-religious conceptualizations of spirituality, and tend not to place as high an emphasis on spirituality compared to the general population. Havranek's next publication (2003) provided a clinical instrument, The Spirituality Exploration Guide, which was created to measure spirituality within the vocational evaluation process. This instrument, unfortunately, is widely unknown and subsequently unused within the vocational evaluation community. However, Havranek is credited with constructing most likely the first measurement of spirituality within the discipline. Havranek's last publication (Havranek & McBee, 2003) was a conceptual paper persuading rehabilitation counseling education programs to incorporate spiritual and religious learning outcomes into the curriculum to enhance service delivery. Upon review of his work, Havranek appeared to have come full circle and re-stipulated his argument from 1999, encouraging rehabilitation counseling to adopt the spiritual dimension as a part of the counseling process. However, his last publication charged rehabilitation counseling education to incorporate spiritual wellness into the training of counselors, which was appropriately followed by Stebnicki's (2006) article examining the integration of spiritual aspects of counseling into rehabilitation counseling clinical supervision. This paper demonstrated the need for this integration to meet the growing awareness of the importance of spirituality within the counseling experience.

In the last seven years, several articles have been published examining the

impact of spirituality in rehabilitation counseling among select populations, specifically how clinical efficacy can be improved via spiritual integration. Although the external validity of the analyses is limited due to the methodological approaches of each study, select populations, including individuals with chronic pain (Graf, Marini, Baker, & Buck, 2007), individuals with spinal cord injuries (Marini & Glover-Graf, 2011), and individuals with multiple sclerosis (Chen, Graf, & Marini, 2011), have demonstrated successful utility of spirituality in rehabilitation counseling. A study was also conducted looking at the impact of integrating spirituality within rehabilitation counseling services provided to Mexicans and Mexican Americans (Glover & Blankenship, 2007). All of these studies noted a positive influence on rehabilitation counseling service delivery and rehabilitation outcomes by incorporating the spiritual needs of the client.

The last two publications pertaining to spirituality and rehabilitation counseling were both published in 2013. Diallo (2013) investigated the willingness of a rehabilitation counseling client to incorporate spirituality into their counseling experience. Interestingly, not only were clients willing to include this dimension, but Diallo also found that clients have a preference for counselors who are knowledgeable of their spiritual or religious orientation. According to these findings, knowledge of the orientation surpasses counselor-client matching of spiritual or religious beliefs. The latest publication on spirituality and rehabilitation was provided by Rodriguez, Glover-Graf, and Lisette Blanco (2013), and examined the role of prayer within the adjustment to disability process experienced throughout

rehabilitation counseling. The researchers concluded that prayer is noted among rehabilitation counseling clients, and prayer content focused on effective coping, physical improvement, understanding the purpose of the disability, and finding acceptance. Contrary to Kubler-Ross' model, which is widely utilized in rehabilitation counseling education as a model to understand terminal illness and permanent disability acquisition, prayers rarely involved bargaining. Clients appear to use prayer as a therapeutic modality and not as an agent of change or method of escape from their situation.

Additionally, within the vocational rehabilitation literature, only two publications specifically examined Christianity within the rehabilitation counseling process. Besides the two papers published by Byrd, all of the articles approached spirituality without focusing on any particular religious denomination. Byrd's articles, published in 1990 and 1993, provided Biblical insight into disability and offered means to integrate scripture into rehabilitation counseling services. Byrd's publication in 1993 actually serves as a Biblical concordance, thus allowing rehabilitation counselors to find relevant scripture based on the presenting situation.

Discussion

It is easy to see that there is a discrepancy in the amount of literature, and more importantly, the degree of importance between vocational rehabilitation and other medical, health, and rehabilitative professions, when it comes to examining the role of spirituality as a piece of the therapeutic context. This is evident despite the consistent viewpoint articulated by the existing vocational rehabilitation literature

pertaining to spirituality. The body of literature argues for the imminent need of spirituality-related research and clinical application in the field. A cyclical pattern is noted in which the purposeful focus on spirituality and its impact on vocational rehabilitation provision is argued for, and in turn a dormant period consisting of a lack of research addressing this issue occurs, only to be followed several years later by a similar charge made by a new researcher. The message appears to be very clear: spirituality would be a valuable dimension to include within the field of vocational rehabilitation, thus allowing for a more holistic process. However, it apparently never crystallizes into a maintained research agenda within the rehabilitation education community, and consequently it never fully materializes into everyday clinical practice.

Nearly all of the researchers within the spirituality and vocational rehabilitation literature share their beliefs in why spirituality has remained outside of the sphere of vocational rehabilitation research, rehabilitation education, and vocational rehabilitation practice. Many of them make logical sense given the nature of the vocational rehabilitation profession. One theory for why spirituality has never been fully adopted into vocational rehabilitation practice is that there is the underlying historical root of vocational rehabilitation as a public sector, federally funded profession, which in turn invokes the concern of separation of church and state. It is possible, especially for those rehabilitation counselors and vocational evaluators working within state Vocational Rehabilitation programs, that involving a client's spiritual wellbeing is "crossing the line" as a state employee. Whether this is imposed or simply self-manifested, reluctance to include the spirituality dimension in the counseling or

evaluation process may exist because of the governmental environment. Directly related to this theory is the notion that clients may equally feel hesitant to discuss their spirituality while receiving services in such a secular atmosphere. There may be a sense of restriction and that spiritual matters are not appropriate. Clients may also feel that it is not important to share spiritual concerns, especially when the rehabilitation counselor or vocational evaluator does not purposely seek out these issues. Another theory draws from this perceived lack of importance or utility. Rehabilitation counseling originally was influenced by the medical model of disability, and therefore what is not anatomically or physiologically measurable is not relevant. Related to this idea is the possible viewpoint that spirituality as a component in vocational rehabilitation may not be viewed as necessary; after all, rehabilitation counselors and vocational evaluators are providing quality services and obtaining successful rehabilitation outcomes without addressing the client's spirituality, so is spirituality really that valuable as a dimension?

A final theory for why spirituality is not afforded the same attention as any other element of the human condition is that rehabilitation counselors and vocational evaluators frankly may be lacking in the perceived required amount of knowledge pertaining to spirituality; if rehabilitation counselors and vocational evaluators feel unprepared to address it, then they may just avoid it. This has been noted in other aspects of the counseling process among rehabilitation counselors. One researcher noted that rehabilitation counselors may hesitate to address a client whose disability is compounded by body weight (Better, 2010). Obesity, and perhaps spirituality, being socially "taboo" items, may be more

challenging for rehabilitation counselors and vocational evaluators to present in the counseling or evaluation relationship. This is supported by the noted lack of training on both of these issues within rehabilitation education. Spirituality is not universally infused in rehabilitation education curriculum. Like many other variables, a rehabilitation counseling education program may address it as a learning outcome more than the norm because of the presence of key faculty or an affiliation with relevant community members. Most rehabilitation counseling training programs “cover” spiritual concerns within rehabilitation in a Psychosocial Aspects of Disability course, or a Multicultural Issues course. However, as previously noted, multiculturalism in rehabilitation is dominated by race/ethnicity issues, and the breadth or depth of spirituality as a learning outcome may be minimal, or in some cases, non-existent. A lack of training may promote a reluctance to include spirituality in the counseling process, especially when professional ethical codes vehemently stress the dangers of practicing outside of one’s competencies (CRCC Code of Ethics, 2014). In today’s litigious society, rehabilitation counselors and vocational evaluators may feel that it is unwise and flat-out foolish to approach a topic in which a possible perceived insufficiency in terms of training may exist.

A lack of training, however, should not serve as an excuse for rehabilitation counselors or vocational evaluators to avoid their clients’ spiritual needs related to their adjustment to disability. Nor should the notion that rehabilitation counseling was formulated by the government, and therefore spiritual and religious matters are off the table. The fact remains that rehabilitation counseling is a counseling specialization, and the overarching goal is to help the

clients overcome their issues at hand. Rehabilitation counselors utilize counseling theories, techniques, and interventions just like any other counseling specialty, and therefore counseling, as the essential function of the profession, should aim to address the client’s wellbeing in its totality. Likewise, vocational evaluation aims to assess the entire individual in order to validly and reliably determine employability. Specific measurement of numerous variables is conducted to develop a comprehensive evaluation. Failing to give attention to the client’s spiritual needs is, in reality, potentially missing a significant piece of the puzzle. It has been argued in the literature that vocational rehabilitation cannot provide services holistically while not considering the spiritual dimension. This raises the question of whether or not vocational rehabilitation, therefore, is a holistic profession. According to Foundation C2 of the Clinical Rehabilitation Counseling Standards, a rehabilitation counselor “understands the onset, progression, expected duration, and functional limitations specific to the client’s disability from a **holistic perspective** (i.e., physical, spiritual, sexual, vocational, social, relational, and recreational)” (Clinical Rehabilitation Counseling, 2013).

Although it is necessary to disclose that the two terms within Foundation C2 were bolded for emphasis, the standard clearly states that rehabilitation counseling is internally perceived as a holistic profession. Interestingly, the ordering of the variables serving to demonstrate the holistic nature of rehabilitation counseling places spiritual considerations second only to physical considerations. Surprisingly, it is listed before vocational considerations, which is the heart of rehabilitation counseling.

Conclusion

The need for the inclusion of spirituality with the vocational rehabilitation profession has been argued within the literature since 1981. Little headway has occurred since then, and there unfortunately is no indication of any significant change in the status quo. Spirituality has undeniably become a valuable component of the therapeutic process within a multitude of helping professions. It is imperative that the paradigm shifts within vocational rehabilitation so, as a discipline, it is not lacking in affording the necessary attention to such a critical piece of the human condition. Rehabilitation counseling has identified itself as a holistic profession, which is rightfully questionable given the absence of due focus on the spiritual needs of the client. A concerted effort to establish a research agenda throughout the field aimed at investigating spiritual integration is sorely in need, and possible modifications to rehabilitation education and practice based on empirical findings would be advisable. The potential benefits, similar to those noted in other disciplines, would only to serve to advance the profession, and most importantly, improve service delivery to clients and promote positive rehabilitation outcomes.

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Betters is an Assistant Professor in the Rehabilitation Studies program at Winston-Salem State University. He completed his MHS degree in Rehabilitation Counseling and his PhD in Rehabilitation Science at the University of Florida. Betters has more than ten years' experience as a rehabilitation educator. His research and clinical interests include spirituality and vocational rehabilitation, as well as vocational evaluation methods and practices. With more than a dozen publications and more than forty presentations, Betters is a nationally recognized expert in these areas. Prior to becoming an educator, he operated a private rehabilitation consulting and evaluation practice. Betters is past president of NCVEWAA, past NRA board representative for VEWAA and past president of RPVE.

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Interview of Dr. Stephen W. Thomas
by Matthew L. McClanahan

Who is the intended audience for this book?

The book is designed for people who have an interest in engaging in vocational evaluation. This is what you might call an introductory text for students, but I also think it's intended for people who are going to be evaluators who really weren't trained in that area.

In this book you describe vocational evaluation and how it contributes to successful employment outcomes for clients. You also explain the professional role of evaluators, and effective tools and techniques for practice. What was the driving force behind writing this book?

There just wasn't what I would call a definitive text for an introductory course in vocational evaluation out there. I can't think of any other source where you can go to look this stuff up. There are a lot of rehabilitation evaluation books, but nothing for vocational evaluation. So I think that's a good reason for this book to be developed and marketed.

As an expert in the field of vocational evaluation, where do you see the profession headed and what tool or technique would you like to see emphasized in the future?

The market (for vocational evaluation) is still very much alive, well, and needed. I think functional assessment is going to play a very important role because you can involve family members, teachers, counselors, or other individuals who have actually seen the (client) perform things. As evaluators, observing behavior is such a big part of what we do and you can't always give someone a psychometric test and definitively say, "The behavior I saw there is going to be consistent with what would happen in a work environment." Psychometric testing is important, but getting really good behavioral information can be a longer-term process. If you're going to work with people with severe disabilities and make recommendations that maximize their potential, functional assessment is something to consider.

What advice do you have for individuals beginning a new career in vocational evaluation?

I would recommend that they join a professional organization like VECAP or VEWAA, of which Dr. Sligar and I have been members.

And you would also recommend that they read this book?

Yes, that's right.

Interviewer

Matthew L. McClanahan, MEd, CRC

Mr. McClanahan has worked as a vocational rehabilitation counselor and as a journalist. He is currently enrolled in the Rehabilitation Counseling and Administration PhD program at East Carolina University.

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Author Biography: Dr. Stephen W. Thomas
Dean Emeritus
ECU College of Allied Health Sciences

At his retirement on October 31, 2014, Thomas was bestowed the title of the first Dean Emeritus at East Carolina University (ECU) by Chancellor Steve Ballard. On July 1, 2003, he became dean of the ECU College of Allied Health Sciences in the Division of Health Sciences. He also served as the interim dean of the College beginning April 16, 2001. Prior to his interim dean position, Thomas was department chair, professor, and a vocational evaluation graduate program director within the Department of Addictions and Rehabilitation Studies at ECU. Prior to his arrival at ECU in 1980, he directed the vocational evaluation graduate program in the Department of Rehabilitation at the University of Arizona, served as a development specialist and instructor in the Materials Development Center, Stout Vocational Rehabilitation Institute at the University of Wisconsin–Stout, and as a vocational evaluator in the rehabilitation center at the University of Texas Medical Branch in Galveston, beginning in 1970.

Within his profession, Thomas has served as president of both the Arizona and North Carolina Vocational Evaluation and Work Adjustment Associations and of the national VEWAA. He is also the recipient of the Paul R. Hoffman award from VEWAA. In addition, Thomas served as the chair of the Commission on Certification of Work Adjustment and Vocational Evaluation Specialists.

A Houston, Texas native, he graduated with a Bachelor's degree in psychology and sociology from Texas Christian University, and Master's and Doctoral degrees in rehabilitation from the University of Arizona. He and his wife Melodie have two married daughters (Darby and Morgan), identical twin granddaughters, a grandson, and a granddaughter due in July.

May 2015

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The following text by Dr. Stephen Thomas is an authorized reprint of *Vocational Evaluation and Assessment: Philosophy and Practice* presented as published in 1997.

Vocational Evaluation and Assessment: Philosophy and Practice

PREFACE

As its title implies, this book is designed to introduce the reader to the field of vocational evaluation and assessment. Although the reader will be exposed to the history, theory, and philosophy of the field, the focus of the book is on process and practice. Approaches to service delivery will be explored in a wide range of settings (e.g., public and private rehabilitation, community rehabilitation programs, transition from school-to-work, welfare-to-work, job training and placement programs, career development services), and with a variety of different student, client, consumer, and injured worker populations (e.g., individuals with physical, mental and sensory disabilities; individuals who are disadvantaged; job seekers and career changers).

All of us engage in some form of self-assessment, and in most cases this gives us sufficient information to make vocational and career decisions, plan employment strategies, and monitor our progress and success in learning, living, and working. However, there are times when more formalized appraisal procedures are necessary to verify or add to current information. This is where the vocational evaluator can serve as a facilitator of information. Because **information is empowering**, the role of the evaluator is critical to individual decision-making, as well as to the development of plans that assist participants in achieving employment and career goals.

Both the real and the ideal will be addressed. Evaluators should constantly strive to apply ideal philosophy and practice, keeping in mind that, realistically, constraints in time and resources often limit their efforts. Although the comprehensive process of vocational evaluation will be emphasized, many evaluators may only wish to use parts or combinations of procedures, instruments, and techniques in designing and delivering customized assessment services. Whether the process is brief or comprehensive, this book will provide guidelines and procedures for offering quality services. The best way for evaluators to judge the quality of their service is to consider whether they would be willing to put themselves or a member of their family through the evaluation process. If the answer is "no" then they should rethink what they are doing.

This book will focus on a number of key ingredients that make vocational evaluation work. It will begin by describing what evaluation is, how it contributes to vocational/career success, and the ethical and professional role of the evaluator in achieving the goals of evaluation. Tools and techniques will be reviewed, followed by a description of how they are incorporated into various evaluation and assessment processes. The book will conclude with how to interpret and report results, and determine their effectiveness in helping participants achieve career-life goals.

Evaluators should never underestimate the importance of their roles in helping individuals take control and improve the quality of their lives. There will always be a need for vocational evaluation and assessment. How well these services truly help others maximize their

career potential will depend on how dedicated and prepared evaluators are to provide the best person-centered services possible.

Stephen Thomas, 1997

CHAPTER ONE

DEFINITIONS, THEORY AND PHILOSOPHY OF PRACTICE

Defining Vocational Evaluation

The Vocational Evaluation and Work Adjustment Association (VEWAA) defines **vocational evaluation** as:

A comprehensive process that systematically uses work, either real or simulated, as the focal point for assessment and vocational exploration, the purpose of which is to assist individuals in vocational development. Vocational evaluation incorporates medical, psychological, social, vocational, educational, cultural, and economic data into the process to attain the goals of evaluation. (Dowd, 1993)

A more detailed analysis of the definition reveals several rather interesting features. The process is "comprehensive" to ensure that all facets of an individual are assessed, so that all variables directly and indirectly affecting success are considered. Some of these "facets" to be addressed are identified in the definition and include medical, psychological, social, vocational, educational, cultural, and economic. Comprehensive, also refers to the wide range of instruments and techniques (e.g., interviewing, standardized tests, work samples, situational assessment, community-based assessment) used to provide a thorough evaluation and to address all issues related to learning, living, and working. This goal of evaluation is consistent with that in the definition of **rehabilitation** provided by Anthony (1880, p.7), "The goal of rehabilitation is to assure that the disabled person possesses those physical, emotional, and intellectual skills needed to live, learn, and work in his or her own particular community." Lastly, "comprehensive" applies to the thoroughness of the vocational evaluation report in interpreting results and formulating recommendations.

Vocational evaluation is unique from all other forms of psychological, educational, and medical evaluation in that it uses real and simulated work experiences in the form of work samples, situational assessments, and community-based assessments (on-the-job evaluations) to assess work interest, potential, and prescription. The more closely evaluation simulates work and work activities, the more realistic and accurate the results, and the more meaningful the experience is to participants when shaping vocational and career decisions. The process is systematic in that it involves a specific and well defined plan of action to cover all pertinent areas of functioning, strength, and need. The resulting goal of "vocational development" relies on empowering the evaluation participant and referral source with the facts and alternatives necessary to make "informed choices."

This definition was originally published in 1972 (Tenth Institute on Rehabilitation Services, 1972, p. 2) and remains unchanged to this day. The term **prevocational evaluation** was originally used from 1953-1957 to describe the process later known as vocational (or work) evaluation (Roberts, 1969; Whitehouse, 1953). One of the first formal definitions of vocational evaluation was published in 1957 (Moed, Klinecicz, & Usdane, 1957), and served as the basis for development of the current definition. The Commission on Accreditation of Work

Adjustment and Vocational Evaluation Specialists (CCWAVES), a national organization that provides professional certification of vocational evaluators has also adopted the current definition.

The term vocational evaluation has been interchangeably used with an older term **work evaluation**, but they do have slight differences. Historically, work evaluation has been used to describe evaluation in more traditional community rehabilitation program (rehabilitation facility) settings where there is greater reliance on situational assessment activities. Work evaluation is a narrower concept that uses "work" (real or simulated) as the methodology for determining strengths and weaknesses, and estimating performance of individuals who are disabled or disadvantaged (Cutler & Ramm, 1992; Hoffman, 1969; Wright, 1980). Vocational evaluation also incorporates real and simulated work experiences and work samples, but additionally relies on a broader range of instruments and techniques including standardized tests and computer-based assessments.

Defining Vocational Assessment

Although the terms vocational evaluation and "vocational assessment" have been used interchangeably, especially in school-based evaluation and transition settings, they are distinctly different. **Vocational assessment** is defined as:

A comprehensive process conducted over a period of time, usually involving a multidisciplinary team ... with the purpose of identifying individual characteristics, education, training, and placement needs, serving as the basis for planning an individual's educational program, and which provides the individual with insight into vocational potential (Dowd, 1993; McCray, 1982).

In a more applied sense, vocational evaluation is primarily a time limited process, where vocational assessment occurs over the life of the rehabilitation or transition service. In public and private rehabilitation services, vocational assessment begins the moment a person applies or is referred for services, and ends at the time of case closure. In school-to-work and welfare-to-work transition programs, and public job training and placement programs, assessment begins with application or entrance and ends with graduation, job placement, or referral to other community resources. Depending on the needs and interests of the person served, vocational assessment as provided by a counselor, teacher, case manager, or vocational evaluator (vocational assessment specialist) could involve an activity as simple as case review or interviewing, or include referral to more comprehensive, time-limited services such as psychological testing, vocational evaluation, or medical evaluation. Assessment permits goal identification, and the development, monitoring, and ongoing modification of plans used to achieve the stated goal(s). This on-going assessment process is routinely performed with anyone receiving services and may be all that is needed to formulate a goal and plan, and achieve success. On the other hand, if assessment does not yield an appropriate employment/educational goal or alternate service plans, then a vocational evaluation should be considered. In the case where assessment is used as an empowerment tool, consumers can be taught how to conduct on-going self-assessments, and build and monitor a career development plan.

The Fourteenth Institute on Rehabilitation Issues published a comparison of the differences between vocational assessment and vocational evaluation services, and Table 1 presents an edited list of these differences (Corthell & Griswold, 1987, pp. 18-19).

Table 1
Comparison of Vocational Assessment and Vocational Evaluation

VOCATIONAL ASSESSMENT	VOCATIONAL EVALUATION
Coordinated by: rehabilitation counselor, special ed teacher, case manager/coordinator	Coordinated by: vocational evaluator
Conducted by: counselors, teachers, parents, consumers, employment specialists, adjustment specialists, vocational evaluators	Conducted by trained/certified vocational evaluators
Primarily uses informal assessment techniques and instruments	Primarily uses formal assessment instruments, techniques, and methods
On-going, periodic, extensive	Time-limited, once or twice, intensive
Develops general vocational profile	Develops comprehensive, in-depth vocational profile

This book, as well as many other publications in the field, use the terms vocational evaluation and vocational assessment (i.e., vocational evaluation and assessment) together. Using the terms simultaneously stresses the importance of the two techniques in providing individuals with formal and informal information to plan for success.

Career Assessment

The term **career assessment** has gained popularity especially with the career development movement. Career assessment has been more frequently associated with the use of psychometric and career-based self-report instruments used by career counselors. The focus is often placed more on the resulting career counseling process than on the initial assessment process. However, the concept of career assessment has found its way into the vocational evaluation process, especially with evaluators who have the skills and opportunity to engage in career counseling and career development.

CARF's Definition

CARF (formerly known as the Commission on Accreditation of Rehabilitation Facilities) is a national organization that provides renewable three-year accreditation for a variety of rehabilitation and employment programs including **Comprehensive Vocational Evaluation Services**. The CARF description is as follows:

Comprehensive Vocational Evaluation Services provide an individualized and systematic process in which an individual, in partnership with the evaluator, learns to identify viable

vocational options and develop employment goals and objectives. This process incorporates background information (e.g., information on education, psychological history, work history, medical/physical capabilities, behavioral status, and financial status) and uses a combination of testing, work samples, situational assessments, community-based job tryouts, prevailing labor market data, occupational information, assistive technology, functional capacities, accommodations, and modifications. It incorporates respect for the consumer's personal processes of growth, self-empowerment, and development of insight leading to the consumer's informed choice of meaningful career progression goals. (CARF, 1996, p. 59-3.A)

This description reflects the emphasis on empowerment and informed choice that fits well within the vocational evaluation and assessment processes. It also supports the comprehensiveness of the process that is emphasized in the VEWAA definition.

The Interdisciplinary Council's Definition

The Interdisciplinary Council on Vocational Evaluation and Assessment (Smith, Lombard, Neubert, Leconte, Rothenbacher, & Sitlington, 1995) developed a position paper that contained the following statement.

Vocational evaluation/assessment is a professional discipline which utilizes a systematic appraisal process to identify an individual's vocational potential. Consumers range from school-aged youth to older adults who are making career decisions or vocational transitions. The vocational evaluation/assessment professional provides services to measure, observe, and document an individual's interests, values, temperaments, work-related behaviors, aptitudes and skills, physical capacities, learning style, and training needs.

This statement is more a description of the professional responsibilities of the evaluator than a definition of the service. Its focus on role and function is similar to the **scope of practice** statement that will conclude this section on definitions.

Scope of Practice Statement

In order for other professionals to understand and accept the field they must be given succinct information regarding what it is that qualified vocational evaluators specifically do (i.e., a clear and concise description of the unique professional role). This is often referred to as a **scope of practice** statement. On March 29, 1993, a breakout group on vocational evaluation education met at the NCRE/RSA/CSAVR National Training Conference on Rehabilitation Education, held in Washington, DC. This group composed of university educators interested in vocational evaluation and assessment, developed the following proposed scope of practice statement.

Vocational assessment and evaluation is a participant-driven comprehensive process performed, managed, and coordinated by a qualified vocational evaluator to identify vocational and career attributes and needs that facilitate the individual's inclusion into the work force and the community. In adherence with established ethical principles, the qualified vocational evaluator uses a variety of norm-referenced and criterion-referenced

instruments and methods that involves the participant in vocational/career decision making and planning.

Theory and Philosophy of Practice

It is important to remember that vocational evaluation is not an end in itself, but a means to an end. The question then is, what is the end and how can evaluation help achieve that end? As the definitions and descriptions indicate, evaluation is dedicated to helping individuals identify, plan, and achieve their employment and career goals that eventually lead to improved quality of life. Pruitt (1986, p. 2) states that "The vocational evaluation process increases the probability of vocational success but the process alone cannot insure success." Success is dependent, in part, on the consumer's motivation and commitment, job availability, and strong service and support from rehabilitation, education, and the community in general. To appreciate vocational evaluation and assessment in relation to employment outcome, philosophies of work, rehabilitation, and transition should be understood and applied to the assessment process. A comprehensive vocational evaluation cannot simply look at a person or a job, but it needs to examine a more complex and seeming endless array of employment-related variables (Parker & Schaller, 1996; Power, 1991). The selected theories, philosophies, and models covered in the remainder of this chapter will identify many of these important elements.

There are no formal theories or a uniformly accepted philosophy of vocational evaluation or assessment. As a result, the field has had to rely on theories and models derived from rehabilitation, education, and work that influence the use of evaluation and assessment in those settings. To that end, these adapted theories and philosophies, especially as they relate to achieving vocational and personal independence for consumers, have provided meaningful guidance in the development and delivery of services.

Why Evaluate?

Throughout our lives, we all experience difficulty making appropriate choices about educational and career directions. When we were juniors or seniors in high school, we had to decide if we were going to work, and in what job, or if we were going to attend a community college or university, and in what major. If a university was chosen, then at some point in our sophomore year we were mandated to declare a major. Unfortunately, many of us chose the wrong major and had to change, resulting in the loss of precious credits, and the need to take additional courses. This delay often resulted in costly and time consuming extensions in our course of study, thus delaying our graduation. If the new major we wanted was not available at our current university, then transfer to an entirely different institution would be required. It is unknown how many individuals have given up on their dreams of higher education because they were unwilling to start over again.

In our senior year of college we were faced with having to decide between the type of work we wanted to do or the kind of graduate program we wanted to attend, and where. As we reach our mid-lives, many of us make the decision to pursue a new career. In fact, research tells us that the average American will make numerous major job changes, whether by choice or necessity, in a lifetime. Gray and Alphonso (1996, p. 33) state that "Some consider employment for five years or more within the same company to be an accomplishment". They also reference

both President Clinton and Labor Secretary Robert Reich, as stating that American workers can expect to have eight different jobs during their careers. Without careful planning, some of these changes simply lead to yet another unfulfilling job; while thoughtful consideration often results in a satisfying career choice.

What is missing from all of these life stages of career development and decision making is realistic and useful information with which to make meaningful "informed choices"--the kind of information commonly available through vocational evaluation. Although anyone can profit from the information provided by vocational evaluation, persons with disabilities and those with limited opportunities face even greater challenges in targeting satisfying employment, and have the most to gain from its results. When provided by well qualified professionals, vocational evaluation becomes one of the most important, outcome-oriented employment planning tools available to consumers and their service providers.

Individuals who receive any form of vocational or career services (e.g., Vocational Rehabilitation, school-to-work or welfare-to-work transition, job training and/or placement) can be employed without the provision of vocational evaluation services. However, in those cases where evaluation is needed and not offered, two problems may occur: underemployment and restriction of career/employment opportunities. If individuals are not placed at a level consistent with their interests and abilities, dissatisfaction with the job and with the support service (e.g., Vocational Rehabilitation, supported employment) **will** result. Job stability will be affected and early turnover may occur; in addition the consumer's respect for and willingness to use (or even recommend) the service in the future **will** be diminished. As a result of employee dissatisfaction and turnover, employers may also be less willing to use the vocational/career service in question to fill job openings in the future.

In those cases where people are underemployed, the lower level jobs in which they are working will not be available to more severely mentally disabled individuals who would be appropriately placed in such positions. As a result, willing and able workers are squeezed out of the labor market. Placement at the highest levels possible not only assures that individuals will be challenged and satisfied (and job tenure maximized), but that appropriate levels of jobs are available to a wide range of workers.

The Realities of Work

We work not only to produce but to give value to time. - Eugene Delacroix

If people really liked to work, we'd still be plowing the land with sticks and transporting goods on our backs. - William Feather

There is no future in any job. The future lies in the man who holds the job. -George Crane

We work to become, not to acquire. -Elbert Hubbard

My father taught me to work, but not to love it. I never did like to work, and don't deny it.

I'd rather read, tell stories, crack jokes, talk, laugh--anything but work. - Abraham Lincoln

No other technique for the conduct of life attaches the individual so firmly to reality as laying emphasis on work: for his work at least gives him a secure place in a portion of reality, in the human community. -Sigmund Freud

The world is full of willing people; some willing to work, the rest willing to let them. - Robert Frost

A man's work is his dilemma; his job is his bondage, but it also gives him a fair share of his identity and keeps him from being a bystander in somebody else's world. -Melvin Maddocks

A considerable number of persons are able to protect themselves against the outbreak of serious neurotic phenomena only through intense work. -Karl Abraham

Human life, by its very nature, has to be dedicated to something. -Jose Ortega y Gasset

Work is what you do so that some time you won't have to do it anymore. -Alfred Polgar

Work is for people who don't know how to fish. -Bumper Sticker

These varying quotes about work and its relationship to people, time, and value, represent the wide-ranging opinions held in society. In recent history, work provided identity, status, involvement, opportunity, satisfaction, life-long security, and a living wage. Today, however, it is not uncommon to find two wage-earners in households trying to make ends meet, massive layoffs with people out of work for months at a time, more part-time work with no benefits, workers frequently changing jobs or holding down more than one job, fewer satisfying and rewarding jobs, and flattened career ladders (Neff, 1985; Szymanski, Ryan, Merz, Trevino, & Johnson-Rodriguez, 1996; Yelin, 1991). This unstable labor market has created disillusionment in seasoned workers as well as in college students who are trying to decide what major will still offer job opportunities when they graduate. For personal and spiritual growth, and meaningful quality-of-life pursuits, more people are turning to off-work activities such as hobbies, community organizations (churches, clubs, support groups), family, and volunteer service.

The labor market can no longer be narrowly and traditionally viewed as it was two decades ago. The value of work must be considered holistically in interaction with other quality-of-life domains such as family, community, environment, culture, the economy, leisure, and life goals. Satisfaction is derived from a combination of factors, of which gainful employment is one. This does not mean that work has lost its value as a critical life role, but evaluators can no longer consider work as the sole contributor to personal satisfaction and support. No matter how it is viewed by society, work is still an important piece of the life puzzle for most individuals

A Basic Model of Assessment

In its simplest form, vocational evaluation and assessment examines the interaction between two basic human variables-- interest and ability. Table 2 illustrates this dynamic relationship.

Table 2
Basic Model of Assessment

	Interested	Disinterested
Able	A	B
Unable	C	D

Although the model places interest and ability into four distinct categories, they are each actually continuums. For example, people who have been employed in a job for a period of time first weigh the essential tasks they like against the tasks they do not like before making a

dichotomous decision about interest (i.e., I like it, or I don't like it). If their likes outweigh their dislikes, then consideration will be given to staying with the job. Interest is the most important element to the individual when seeking or maintaining work. When many people look through the want ads in a newspaper, they consider each job first on its desirability (e.g., that job looks good...so does that one...this one looks boring). Once jobs have been chosen on the basis of interest, job hunters then try to decide how they can convince employers that they have the skills to do the required work.

Like "interest," the continuum of "ability" must also be weighed by determining if an individual has the skills, with or without accommodations, to perform a sufficient number of the **essential** functions of the job to get hired and stay employed. The goal of job seekers (and their evaluators) is to find employment for which they have the highest degree of interest and ability. This optimum level of employment is represented by category "A." Individuals who fall in category "B" are capable of successfully performing the duties of a job but do not possess sufficient interest. This category is comprised of capable individuals who are not motivated to work, or who live in areas with restricted opportunities where the jobs they want are not readily available.

Category "C" is composed of individuals who are unable to do the jobs they like. In this situation, the inability to perform a job (or meet the job requirements) could be due to the functional limitations of a disability, or a lack of required skills or training. This includes individuals whose aspirations exceed their abilities (e.g., the person with a 55 IQ who wants to be a brain surgeon). Rather than dismissing such seemingly unrealistic interests, they should be used to better understand an individual's motivation and perception of the labor market. Unfortunately, stigmas and other barriers to employment such as incarceration, criminal record, institutionalization, possession of skills but lack of a degree, lack of experience, age, gender, and cultural difference, also limit employment opportunities in desired jobs, and fit loosely into Category C.

In both categories "B" and "C" the outcomes are the same--limited job opportunities, unemployment, or underemployment. However, the rehabilitation strategies applied to individuals with disabilities in these two groups differs dramatically. In category "B," if relocation for the right job is not an option, then counseling and work adjustment will need to be used to improve motivation and willingness to accept what is available. Those who fall in category "C" would profit from appropriate skill or degree preparation, employer/supervisor education, employment assistance and support, and/or assistive technology.

Individuals who fall in category "D" are the most difficult to serve (in terms of time, money, and energy) because they require progression through both categories B and C, in order to reach category A. Each category will require different evaluation and assessment strategies and different kinds of recommendations for rehabilitation and transition services. The ideal goal of this model is to move individuals from categories B, C, or D, to category A; optimum employment. Considering the implications of this concept on the cost-effectiveness of service delivery, some professionals argue that highly motivated people who have borderline job skills may be better employment risks than unmotivated individuals who possess a variety of marketable skills.

Theory of Work Adjustment

One of the oldest and best known theories of work and rehabilitation is the Theory of Work Adjustment (Dawis, Lofquist, & Weiss, 1968). Table 3 visually illustrates this theory (Dunn, Allen, & Mueller, 1973, p. 5).

Table 3
Theory of Work Adjustment

	Individual	Job	
	Abilities	Ability requirements	Satisfactoriness (employer retains)
Satisfaction (individual retains)	Needs	Reinforcers	

As in the "basic model of assessment" described above, the vocational evaluator must have a thorough understanding of the **individual's** "abilities" (skills) and "needs" (interests, preferences, values). In addition, the evaluator must also analyze the **job**, or environment, in relation to its "ability requirements" (job duties, skill demands) and "reinforcers" (rewards provided to the worker). To ensure the best possible person/job fit, the evaluator must accurately match these **individual** and job variables. **Employers** are most interested in the match between a worker's abilities and the job's ability requirements--if a positive match exists, the employer retains the individual. On the other hand, **workers** are most interested in the match between their needs and the job's reinforcers--if their needs are met, then the employee remains on the job. When both categories are successfully matched between the individual and the position, then job tenure (longevity) is maximized.

Evaluators should assess for, and be sensitive to, the interaction among these four variables, and report their impact on rehabilitation, education, career planning, and employment. In addition, Hershenson's person-environment model of work adjustment (similar to the Minnesota Theory of Work Adjustment) stresses a third important factor to be considered by evaluators, which is **work role behavior** (e.g., appropriate workplace behavior, cooperating with co-workers and supervisors, following rules and regulations) (Hershenson, 1981; Szymanski, Hershenson, Enright, & Ettinger, 1996).

Choose, Get, Keep Model

Parsons (1909) was credited with first influencing vocational guidance by proposing three steps, or stages, to career counseling. Salomone (1988) later added two additional steps to form the following five stages:

1. Understand self (e.g., identity and related issues)
2. Understand the world of work and other relevant environments
3. Understand the decision-making process
4. Implement career and educational decisions
5. Adjust and adapt to the world of work and school (Salomone, 1996, p.369).

In a similar effort, Farley, Little, Bolton, and Chunn (nd) constructed a "simplified career development model" to guide employability assessment and planning in rehabilitation and education settings. This model stresses three employment components--choose, get, and keep. All three aspects of a job or career must be addressed through assessment and planning if success and job tenure are to be optimized.

Choose, refers to the selection of an appropriate and suitable occupational goal and the planning required to achieve that goal. Evaluation activities are used to assess and develop consumer self-knowledge, work-knowledge, vocational decision-making skills, and program planning skills.

Self-knowledge refers to the degree of personal knowledge in areas such as interests and values, aptitudes, abilities, strengths, and limitations.

Work-knowledge refers to personal knowledge about different jobs, duties required to perform the jobs, training demands, availability of jobs, etc.

Vocational decision-making skills are the ability to match self-knowledge to work knowledge and choose a vocation consistent with personal characteristics and work opportunities.

Program planning skills are needed to plan a step-by-step process to obtain the chosen job.

Get, refers to the ability to find employment opportunities and acquire a job. Vocational evaluators help consumers assess their work orientation and motivation, job finding skills, self-presentation skills, and position performance skills.

Work orientation and motivation refers to the knowledge of general worksite demands and expectations, and the willingness to enter the job market and obtain stable and competitive employment.

Job finding skills refers to the ability to seek out and locate job opportunities.

Self-presentation skills are the ability to effectively present oneself for the job (e.g., resumes, job applications, job interviews, grooming and dress).

Position performance skills are the ability to convince (i.e., sell) the employer that the interviewee has the skills necessary to perform the job in question.

Keep, refers to the ability to adapt to the workplace and retain employment. The assessment process should focus on basic work habits and behaviors, personal and environmental coping skills, interpersonal relationship skills, and work attitudes and values.

Basic work habits and behaviors refers to skills such as the knowledge of appropriate dress, grooming, punctuality, conformity to rules, and ability to stay on task.

Personal and environmental coping skills are the ability to cope with everyday job demands, problem solving, etc.

Interpersonal relationship skills are the ability to interact effectively with co-workers and supervisors.

Work attitudes and values refer to the job gratification and needs necessary to remain employed. (Farley, Little, Bolton, & Chunn, nd, pp. 4-7)

The Americans with Disabilities Act (ADA) also speaks to all three of these issues. The ADA regulations state that reasonable accommodations should be applied to the "job application process" (**get**), "the work environment, or to the manner in which the position...is customarily performed" (**choose and keep**), and to accessing "equal benefits and privileges of employment

as enjoyed by...employees without disabilities" (**choose**) (Federal Register, July 26, 1991, pp. 35735-35736).

Diagnostic Versus Prognostic Evaluation

There are two recognized approaches to evaluation: vocational diagnosis and vocational prognosis (Nadolsky, 1985). This concept is supported by Ruben and Roessler (1983, pp. 113-114) in their definition of vocational evaluation which is "...directed at determining **current and potential client functioning** for purposes of identifying occupations that could be opened up to the client through the provision of rehabilitation services" (highlighting added). The importance of this concept is often missed by the untrained practitioner, resulting in inappropriate evaluations and misleading results.

Vocational diagnosis is a determination of where a person is at the current time. This short-term, objective "screening" process provides baseline information that is generated from standardized tests (e.g., interest, achievement, aptitude), prevocational evaluations (e.g., functional assessments, basic skills assessments), transferable skills assessments, and short-term evaluation systems (e.g., APTICOM). The process is not related to the diagnostic procedures used by psychologists, physicians, and other professionals that "diagnose" medical or mental problems. Information obtained through vocational diagnosis provides a starting point for a more comprehensive vocational evaluation. In short, it is an assessment of the "capacities" of the individual (Nadolsky, 1985).

Vocational prognosis is an analysis of where a person could be with additional services. It identifies a prescriptive goal and what an individual needs to achieve that goal. In addition to the tools used in vocational diagnosis, this more long-term, subjective process incorporates accommodations to assess improvement in learning, performance, and behavior, on work samples, situational assessments, and community-based assessments (on-the-job evaluations). Vocational prognosis is an assessment of the "capabilities" of an individual (Nadolsky, 1985).

Unfortunately, many evaluators collect diagnostic information and attempt to use it prognostically. For example, Carla was administered a timed reading comprehension test and found to have a standard score of 84 with a grade level of 7 (a vocational diagnosis). A review of the test content revealed that she only completed 25% of the test but answered all items attempted correctly. If given extra time to complete additional items, she might be able to answer more questions correctly, thus demonstrating a higher functional reading ability (vocational prognosis) than indicated by the original timed score (vocational diagnosis). Her Verbal IQ score of 103 was also significantly higher than her reading comprehension standard score, indicating the possibility of improvement through appropriate instruction. Failure to use prognostic procedures in evaluation and interpretation could result in recommending only jobs that require the initial reading level, ultimately leading to underemployment or unemployment.

Vocational diagnosis provides highly useful information in conducting a transferable skills assessment (matching a person's current skills to appropriate jobs), but it should not be used to develop prescriptive plans for higher levels of placement without including a vocational prognostic component.

Feasibility Versus Employability

This concept has been advanced in the industrial rehabilitation and work hardening processes (Matheson, 1984). Feasibility is the acceptability of an individual to a teacher or employer. It is similar to a prevocational evaluation in that it attempts to determine if an individual would profit from a more work-oriented vocational evaluation, or from referral to other services that would enhance a person's eventual employability (e.g., habilitation, rehabilitation, remediation, mental health counseling).

Employability is the capacity of an individual to become trained or employed in a particular area. If a feasibility assessment determines that a consumer possesses basic skills that could be used to improve employment training or placement, then a more work-related evaluation can focus on identifying specific job/training recommendations. In general, vocational diagnosis could be considered a feasibility process, while vocational prognosis could be referred to as an employability process.

Product Versus Process Assessment

Irvine and Gersten (1982) presented the concept of product and process assessment in a learning style instrument for supported employment called the **Trainee Performance Sample** (now renamed the **Pathfinder**). Product assessment is considered to be the more traditional form of assessment that measures the skills that the examinee has learned prior to testing. Process assessment measures an individual's ability to profit from instruction or training during testing.

Problems with product assessment can occur at several points throughout standardized testing. For example, when a timed mechanical reasoning test is administered to assess mechanical aptitude, a number of variables can interfere with a reliable and accurate outcome such as: the ability to "read" questions; the ability to work "rapidly" within a fixed time limit; familiarity with specific "terms" and "vocabulary" used in test items (e.g., tool names); test anxiety; and the eye-hand coordination needed to fill in very small spaces on answer sheets with a pencil. If an examinee does not possess one or more of the above "product" skills then results of the test will be negatively affected. These skills are not directly related to mechanical reasoning (i.e., mechanical reasoning does not require reading, writing, speed, or dexterity) but may influence the outcome of a timed paper-and-pencil mechanical aptitude test.

Process assessment, on the other hand, attempts to assess mechanical aptitude without the involvement of product skills. It might determine how well an individual can learn to take such a test, allow for instructional and testing accommodations, and/or assess how well a person could learn to develop mechanical skills represented in the aptitude test. A product assessment of skill with a ruler might require an examinee to measure lines and record the answers on an answer sheet. The test is scored and the results are compared to a norm table to reveal a percentile score. In a process assessment, the evaluator would ask the consumer to identify the different lines on a ruler (e.g., 1", 1/2", 1/4", 1/8"). If unable, then the evaluatee would be instructed and appropriate accommodations provided to enhance learning and recall, and the activity administered again to assess what the consumer understood and remembered.

Product assessment is more useful with "higher functioning" individuals who can reason abstractly, have a good range of general skills and experiences, and can generalize learned information across settings. Process assessment would be appropriate for individuals with limited educational and cultural experiences, and who have difficulty generalizing information across settings.

It has been argued that the information gained from vocational evaluation (e.g., work sample results) with individuals who are severely mentally disabled, cannot be generalized to the world-of-work. Although there is some merit to this argument, it is not the goal of process assessment to generalize what was **learned**, but to generalize the process **techniques** (e.g., modifications) that resulted in improved performance (Gold, nd). If such modifications and accommodations improve functioning on work samples and tests, then they should have similar value when applied to learning, living, and working activities as well. This is the essence of "vocational prognosis" described earlier.

The goal of evaluation is to minimize the impact of an individual's disability on testing and assessment, so that the results reflect what a person knows rather than what is inherent in the limitations of the disability. The Americans with Disabilities Act (ADA) qualifies the administration of tests through the following regulation.

It is unlawful for a covered entity to fail to select and administer tests concerning employment in the most effective manner to ensure that, when a test is administered to a job applicant or employee who has a disability that impairs sensory, manual or speaking skills, the test **results accurately reflect the skills, aptitude, or whatever other factor of the applicant or employee that the test purports to measure, rather than reflecting the impaired sensory, manual, or speaking skills of such employee or applicant** (except where such skills are the factors that the test purports to measure). (highlighting added) (Federal Register, July 26, 1991, p. 35737)

In short, evaluators need to carefully choose and use tests and work samples that evaluate abilities rather than disabilities (Thomas, 1992). They must be constantly aware of the affects that disability and previous learning and experience have on testing, and modify their strategies when necessary. After each and every test has been given, evaluators should first ask themselves if the results of this activity are a true and accurate representation of what the person can do at that time. If the answer is "no" then the evaluation should focus on determining not only why the problem exists, but how it can be rectified to improve performance throughout the remaining process.

Evaluation, Transition, and Placement Models

Within the school-to-work transition model, Will (1984) identified three "bridges" between high school and employment: no special services, time-limited services, and ongoing services (Brolin, 1995; Wheeler, 1987).

The first bridge, no special services, refers to the community services available to anyone seeking local employment--employment agencies, want ads, family and friends, etc. The second bridge, time-limited services, are provided by agencies such as Vocational Rehabilitation, and generally fall under the "train- place" model. Consumers are provided with training (e.g., vocational training, work adjustment training) and then placed in jobs where the skills learned in training can be generalized to employment settings. Individuals who have the ability to generalize learned information to a variety of settings can profit from the "train-place" model (Botterbusch, 1989).

Ongoing services, the final bridge, are provided to consumers who need considerable support to obtain and maintain employment. Ongoing services incorporate the "place-train" model (Botterbusch, 1989) found in supported employment. An individual needing ongoing

services is unable to readily generalize what is learned, and is therefore placed in a job first and then trained in the skills and behaviors required for that specific job. In the "train-place" model, the case is closed once the worker has maintained stable employment (e.g., employed for 60 days). Individuals requiring support under the "place-train" model are usually not closed since long-term follow-up may be necessary to maintain employment.

An important focus of vocational evaluation is to determine the most appropriate placement "bridge" for the consumer, by assessing generalization skills. When the method of transition is identified, along with appropriate supports for success, then a more successful placement can be assured. This transition model is consistent with product versus process assessment model where product assessment is appropriate for train-place services, and process assessment is appropriate for place-train services. A number of community rehabilitation programs have created a modified train-place-train model for consumers who can profit from this expanded service.

Halpern (1985) modified Will's model of transition from high school to "employment," to a model of transition from high school to "community adjustment." The term community adjustment incorporates three dimensions, or "pillars":

1. employment (which is consistent with Will's model)
2. residential environment; and,
3. social and interpersonal networks.

These three pillars are seen as being independent but equally important in supporting successful community adjustment. The idea is that if one pillar collapses, the other two may not be far behind (Wheeler, 1987). Brolin (1995) also developed a model using Will's three bridges, but expanding on Halpern's to include "elementary" school through high school; and transitioning to employment, community living, and socialization.

The Individuals with Disabilities Education Act of 1990 (IDEA, P.L. 101-476) defines **transition services** as: a coordinated set of activities for a student, designed within an outcome-oriented process, which promotes movement from school to post-school activities, **including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living and community participation.** The coordinated set of activities shall take into account the student's preferences and interests, and shall include instruction, community experiences, the development of employment and other post school adult living objectives, and when appropriate, acquisition of daily living skills and **functional vocational evaluation.** (boldface added)

IDEA expanded the three post-school activities of Halpern and Brolin (employment, community living, and socialization), to the seven specified in the above definition. It also provided for the use of vocational evaluation services when deemed appropriate.

The concept of transition is not new and has been used in the past to describe the movement of clients from "transitional rehabilitation facilities" (or transitional sheltered workshops) to community employment. The transition model can be applied to adults with disabilities who are transitioning from unemployment (e.g., home, hospital, community rehabilitation program) to employment and independent living in the community. A **Transition Analysis Matrix** (Thomas, 1991) has been developed to describe the transition of adults with

traumatic brain injuries back into the community through the use of vocational evaluation (see Appendix A). The model identifies five transition "environments":

1. vocational,
2. personal/social/family,
3. residential/domestic/consumer,
4. community access, and
5. recreation/leisure.

Transportation was not considered to be a separate factor but an important access element in each and every one of the environments. The Matrix also identifies three different "participants" (in-house staff/programs, family, other agencies) who can work closely with the individual to achieve the goals of transition in one or more of the five environments.

Vocational evaluators need to be sensitive to transition issues and environments to ensure that consumers can attain full integration into society. This is important not only when working with secondary students but with adults whose ability to access the full range of community resources is in question. However, evaluators must never lose sight of the primary importance of career development and employment in the transition milieu.

Conclusion

The definitions, descriptions, and statements reviewed in this chapter provide important direction for the practice of vocational evaluation and assessment. They all have a slightly different emphasis, but share strong commonalities in their focus on comprehensiveness, systematic orientation, work and careers, empowerment, and professionalism. Everyone needs a vocational assessment, but not everyone needs a vocational evaluation. If assessment provides useable information to assist in planning and placement in education, training, and work, then services can continue as planned. However, if assessment results do not provide needed information, then a vocational evaluation can be conducted and the results of that process incorporated with other assessment data to provide new direction.

The available theories, philosophies, and models cannot fully express the complexity of vocational evaluation and assessment in helping people, with vastly different backgrounds and goals, develop productive plans for their futures. It is not simply testing or job matching, but an intricate and thoughtful process of exploration, learning, evolution, and decision-making. The complexities of evaluation and assessment are complicated by the recognition of human difference even in individuals with similar disabilities, and fluctuations in the labor market, the economy, and society in general. Evaluators must be sensitive to change in people and environments, and recognize the opportunities in change for improving the quality of life for those they serve.

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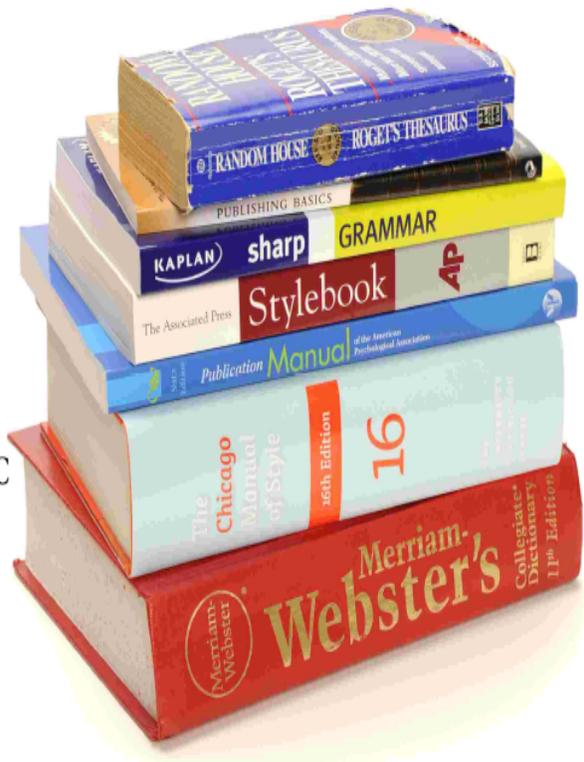
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