

Work Roles and Functions of Undergraduate Rehabilitation Services Alumni: A Pilot Study

James T. Herbert

The Pennsylvania State University

Karen Barrett

University of Maine-Farmington

Thomas Evenson

University of North Texas

Charles J. Jacob

The Pennsylvania State University

A modified Delphi procedure was used to identify frequency and perceived importance of professional roles and functions that undergraduate rehabilitation services alumni perform. After a series of focus groups with alumni to develop task statements and subsequent input by rehabilitation educators who teach in undergraduate rehabilitation services programs, a final list of 102 job task statements was identified. In an online survey, 179 respondents from 19 undergraduate programs indicated that providing emotional support to clients, writing client progress and summary notes, advocating for clients, conducting interviews with clients and/or family members to obtain background information, and identifying and securing community resources for clients are job tasks they perform frequently and perceive as very important to their work. Conversely, administrative duties associated with recruiting and hiring staff and other volunteers, preparing budget reports, securing funding to support agency or facility activities, assessing programs to ensure compliance for accreditation reviews and conducting hiring interviews of staff were seen as work tasks/functions performed less frequently and not particularly germane to their work roles. These findings may be useful to develop accreditation standards for undergraduate rehabilitation services training. Recommendations for future research are addressed.

Keywords: work role and function, undergraduate rehabilitation education

Position papers and commentary on preparation of undergraduate trained personnel in rehabilitation services have examined a variety of topics, including the need for and development of undergraduate programs (Hylbert, 1972; Redkey, 1971; Stegar, 1974), curriculum recommendations, structural issues and program characteristics (Hylbert, 1963; Martin & Jeffrey, 1978; Menz, Surdick, & Sawyer, 2000; Steere, 1999; Perry,

2000), a career development model for baccalaureate rehabilitation personnel (Marlett et al., 2000; McAllan & Sales, 2000), discussion of differences between undergraduate and graduate program training (Emener & Rasch, 1984; Szymanski et al. 2000; Mizelle et al., 2000), perspectives on the employment need for undergraduate trained personnel (Culberson, 1979; Muzzio,

2000), and projections regarding the future of undergraduate education (Arokiasamy, 2000).

Although undergraduate programs have been a part of rehabilitation education for over 50 years (see Hylbert, 1963), during most of this period the focus of rehabilitation education was largely driven by the need to establish the profession at the master's level (Shaw & Kuehn, 2009). Starting with the initial study of critical counseling behavior by Jaques (1959) and continuing with a series of work role and function studies (e.g., Emener & Rubin, 1980; Leahy, Shapson, & Wright, 1987; Muthard & Salomone, 1969; Rubin et al., 1984) and related studies throughout the last half of this century investigating knowledge domains needed to work effectively as a rehabilitation counselor (e.g., Leahy, Chan, & Saunders, 2003; Leahy, Muenzen, Saunders, & Strauser, 2009), these efforts contributed to the establishment of a standardized accredited curriculum to prepare master's level rehabilitation counselors. Accreditation by the Council on Rehabilitation Education (CORE) not only provided a benchmark to evaluate graduate program quality but as a result, led to the development of a national certification process (i.e., Commission on Rehabilitation Counselor Certification) that established credentials for defining the qualified rehabilitation professional. This designation was influential in establishing criteria used as part of the Comprehensive System of Personnel Development by the public vocational rehabilitation program (McMahon, 2009) as well as increasing employment opportunities for qualified individuals seeking licensure as professional counselors (Leahy, 1997).

In contrast to the emergence and growth of the profession at the master's level, the undergraduate rehabilitation education program has not engaged in the same type of rigorous empirical validation of work roles and functions and, as a result, what information is available is quite limited and disconnected. For example, Gandy (1983) examined work roles of graduates from one university program. Evenson and Holloway (2007) studied work attitude, knowledge and skill competencies of undergraduate alumni from four programs across five states. Other studies, while not specifically focusing on reported work roles and functions, examined related aspects including perceptions of acceptable work roles and responsibilities as determined by community-based employers, rehabilitation educators, and vocational rehabilitation directors (Williamson, Evenson,

& Perry, 1996) as well as competencies identified by undergraduate workers and their supervisors within community rehabilitation programs (Evenson & Holloway, 2000). This later study, however, did not specifically address perceptions of undergraduate rehabilitation services alumni per se but rather persons with any undergraduate degree. Most recently, Evenson and Holloway (2007) asked graduates from four undergraduate rehabilitation programs to rate the importance of 60 competency statements pertaining to their work roles and level of preparation they received as a result of their undergraduate training.

The impact of not providing the field with a consistent and continuous evaluation of undergraduate work roles has contributed to the perception among some educators that the undergraduate program is nothing more than a "feeder" to subsequent graduate training in rehabilitation counseling (e.g., Szymanski, Mizelle, Tansy, Tschopp, & Willmering, 2000). Accordingly, a question arose as to whether a "specialization" at the undergraduate level was needed; perhaps from a career development perspective, training at this level was considered "premature" as it might "limit opportunities for career and personal development" (Szymanski et al., 2000, p. 29). This perception, whether unique to a few rehabilitation educators or applicable to a larger number of faculty, contributed to a schism that has historically existed between educators exclusively affiliated with undergraduate programs and those affiliated with graduate programs (Arokiasamy, 2000; Evenson & Holloway, 2006). Even today, undergraduate rehabilitation educators have been asked "to give it up" since these programs only serve to "create a permanent underclass of rehabilitationists with no future in the absence of graduate education" (McMahon, 2009, p. 123). Although the intentionality of such rhetoric was partially meant to generate a response from the field, if nothing else, it exemplifies the lack of understanding of employment functions and type of jobs that undergraduate rehabilitation services personnel perform.

Historical Developments within NCRE and the Undergraduate Program

While rank and file rehabilitation educators have debated the mission and purpose of the undergraduate program, leadership with the National Council on Rehabilitation Education (NCRE) developed a formal position statement in 1987. Accordingly, the undergradu-

ate degree in rehabilitation services was designed to: (a) train and employ persons in rehabilitation-related and human services positions, (b) prepare individuals for graduate study in rehabilitation counseling or allied rehabilitation-related professions, and/or (c) employ or prepare persons for graduate study in other career areas that emphasized human relations or interpersonal skills. It was the position of the NCRE Executive Board at that time that “the ideal” baccalaureate degree in rehabilitation services education comprise two years of liberal arts foundation coursework, one year of rehabilitation services courses, and one year of approved electives. It was also recommended by the Board that a study to investigate “the appropriateness of national accreditation for the baccalaureate in rehabilitation services education” be undertaken (NCRE, 1987, p. 26).

Subsequent to this position paper, various ad hoc committees and work groups concerned about undergraduate education continued within NCRE, which eventually led to a request in 1995 that the Council on Rehabilitation Education (CORE) establish its own committee on undergraduate rehabilitation education (Perry, 2000; Shaw & Kuehn, 2009). The basic charge of this committee was to examine existing undergraduate programs and make recommendations for general curriculum guidelines and program standards for rehabilitation undergraduate education. As part of its charge, the Committee on Undergraduate Education (CUE) conducted a national survey to examine program characteristics of undergraduate rehabilitation education and, in 1998, these data led to the establishment of a *Registry of Undergraduate Rehabilitation Programs* (Perry, 2000). The *Registry* served as an intermediate step between the absence of any established educational standards for undergraduate programs and a formal accreditation process for undergraduate rehabilitation programs that might be developed in the future. Data collected from the *Registry* provided a clearer understanding of individual program differences and similarities and how they differed from graduate training in rehabilitation counseling. This effort indicated that information on exact work roles and job functions performed by graduates of these programs was largely missing other than anecdotal data provided by faculty members. Thus, in February 2005, NCRE created the Council on Rehabilitation and Disability Studies. This council, which was comprised primarily of undergraduate rehabilitation educators, met in Mem-

phis in June of that same year. At that meeting, a subcommittee was charged to develop a scope of practice study to help identify work roles and functions of undergraduate rehabilitation services alumni. The basic charge of the subcommittee was to: (a) develop an instrument that would assess work roles and functions of undergraduate rehabilitation services trained personnel in the United States and (b) pilot test this instrument to provide an initial understanding of types of jobs performed (i.e., job titles); employee demographics (e.g., age, length of employment and setting, salary, highest degree completed, years of experience since completing highest degree, years of experience working with persons with disabilities); and frequency of specific work tasks performed and perceived importance attributed to each task. This paper describes findings from this process and research outcomes of a national pilot study to identify work roles and functions performed by undergraduate trained personnel.

Method

Participation Procedures

Using combined lists of known undergraduate programs identified in the *Registry* as well as the *NCRE Membership Directory* (2007), approximately 60 undergraduate rehabilitation education and disability-related program coordinators were contacted. A cover letter explaining the purpose of the study and a second letter that program directors could use to forward to their respective alumni to solicit interest were included. This second letter further detailed study requirements and included the URL address for the online survey of job task statements. Over the two-year period when data were collected (academic years 2007–2008; ending May 2009), six attempts were made to elicit participation of undergraduate program coordinators to contact their respective alumni. These attempts included two notifications by email, two telephone follow-up calls with initially non-respondent undergraduate program coordinators, and two consecutive presentations about the study at each of the national NCRE annual conferences that also included requests for participation. As a result of these attempts, it was clear from feedback that the majority of program directors had not developed any reliable system of maintaining contact with their alumni and, quite frankly, perceived the task of identifying and contacting alumni as burdensome in light of other work demands. As noted in Table 1, al-

though 179 undergraduate alumni from 19 programs responded to the on-line survey, 61% came from five programs: Wright State University (25.8%), University of Maine-Farmington (11.2%), East Carolina University (9.6%), Penn State University (7.8%) and University of North Texas (6.8%).

Instrument Development

A modified Delphi technique was used to develop the survey instrument. In general, Delphi procedures are used to obtain information and facilitate consensus among a group of experts (Vazquez-Ramos, Leahy, & Hernandez, 2007). In this study, content matter experts were alumni of undergraduate rehabilitation services education programs. Five groups of undergraduate alumni (n=63) from The Pennsylvania State University (two groups; n=16 and n=18), University of

Maine-Farmington (one group; n=15), and University of North Texas (two groups; n=8, n=6) met in late Winter 2005/early Spring 2006 to identify work roles and job functions that they performed. A conscious effort was made to invite alumni who had not obtained any further formal education beyond their undergraduate degree in rehabilitation services as well as inviting members with varying work experience that ranged from several months to 12 years. Each group was facilitated by one of the principal researchers from their respective universities. Group members were asked several open-ended questions that sought to identify job tasks they performed, descriptions of work settings, and clientele served. Group members were also asked prior to the initial meeting to provide written job descriptions and, if possible, provide copies to the faculty facilitator. In each group, the faculty facilitator recorded job tasks

Table 1
Undergraduate Programs Represented

University Program	RSA Region	Number of Respondents	Percent of Respondents
Arkansas Tech University	VI	4	2.2
Assumption College	I	3	1.7
Auburn University	IV	3	1.7
Boston University	I	1	.6
Clarion University of Pennsylvania	III	1	.6
East Carolina University	VI	17	9.5
East Central University	VI	7	4.0
Emporia State University	VII	7	4.0
Penn State University	III	18	10.0
Southern Illinois University at Carbondale	V	1	.6
Springfield College	I	6	3.4
Stephen F. Austin University	VI	6	3.4
University of Maine-Farmington	I	20	11.2
University of Maryland – Eastern Shore	III	1	.6
University of North Texas	VI	14	7.8
University of Texas – Pan American	VI	4	2.2
University of Wisconsin-Madison	V	1	.6
University of Wisconsin-Stout	V	2	1.2
Wright State University	V	45	25.8
Unknown/Not Reported	NA	18	10.0

Note. Percentages rounded to nearest tenth; N=179.

described by participants. Group members were also instructed to list job tasks they performed regardless of frequency and perceived level of importance. Level of importance was operationally defined in terms of how the job task contributed to achieving favorable client outcomes. Once these tasks were recorded, group members were asked to review the written list and see where duplication existed or items had to be refined. From this initial input, draft items were deleted, refined or retained in their original presentation. Approximately two weeks after the initial groups met, a written list of job tasks was provided via email correspondence to focus group members who were given the opportunity to add any job task they felt was missing. The first three investigators then evaluated the combined lists of the five groups for the purposes of identifying redundancy and clarifying item descriptions. In consolidating items, the applied rule was that any item being considered for removal had to be agreed upon by all three faculty investigators; otherwise, the item was retained for the subsequent Delphi evaluation phase.

The next phase, which occurred in May 2006, involved presenting the initial list of job tasks to rehabilitation educators affiliated with undergraduate rehabilitation programs. Approximately 20 faculty members reviewed this list and added additional job task items that they believed undergraduate alumni with whom they were familiar performed but were missing from the initial draft list. In addition, if the majority of members in attendance during discussion meetings believed items were duplicative, then these items were removed as well. Rehabilitation educators were also asked to provide written commentary to address statements they believed were unclear or poorly worded. This input resulted in eight items being dropped from the initial list and further wording refinements made to about 20 other items. As a result of this final input process, 64 items were developed, but six items had subtask statements within a general test item. For example, the stem for Item #21 asked one's competency to "Assess and respond to client concerns related to _____." Seven applications pertained to this item, including client concerns related to alcohol and drug problems, child abuse, elder abuse, family conflicts, physical assault, sexual abuse and suicide ideation. Other items that contained subtask statements were asked regarding different types of client training (e.g., advocacy, job coaching, nutrition, social skills); client eligibility for services

(e.g., public welfare, veterans services, vocational rehabilitation); client service coordination (alcohol/drug treatment, educational training, employment services, transportation); computer software applications (e.g., client billing, client reports); and client assessment domains (e.g., accessibility, employment skills and needs, independent living, safety/risk of abuse, vocational interests). The final pilot instrument then included 102 job task statements and space for respondents to write five additional statements, should they wish to do so. During the pilot testing of the final survey, however, no additional statements were received.

Procedure Used to Rank Job Task Statements

Although several strategies were considered for determining final rankings of task statements, in the end, we based ratings on a specific segment of the data. Given the exploratory nature of the study, we combined frequency of tasks that were performed on a "daily" and "weekly" basis to provide one sub score. We then combined the number of responses of task statements that were perceived as being "important" or "very important" to obtain a second sub score. These two sub scores were then combined to produce an overall score used in the final ranking of work task statements. Thus, the composite score reflects what we believe is a conservative estimate of job tasks that were performed with the greatest degree of frequency and highest level of perceived importance. Further, we noticed after inspection of the data set that respondents were more likely to answer questions pertaining to frequency (n ranged from 161-169) rather than importance (n ranged from 143-167). We speculated that as respondents were asked to rate 102 task statements on both dimensions of frequency and importance, fatigue factored in when responding to the survey. Given the ranking system we adopted, final overall scores reflected a slightly larger impact of frequency of job tasks performed as compared with perceived of level of importance.

Participants

The sample was predominantly female (86.6%), Caucasian (80.6%) and included mostly persons without disabilities (89.1%). Although the average age was 28.15 years old (S.D. = 8.64), nearly 54% of respondents were between 21 and 24 years old (range between 21 and 61 years old). As expected, undergraduate alumni had limited number of years of experience since graduating. While the average number of years of work

experience was slightly more than three years, 62% of the sample were alumni with only two years or less of paid work experience. In terms of work experience with persons with disabilities, the average length was 3.49 years, with nearly 70% including persons with three years or less. The largest percentage (27.7%) was alumni having one year or less work experience with persons with disabilities (range between less than one year and 39 years of experience). The majority had a baccalaureate degree in Rehabilitation Services (82.7%) while others had related degrees such as Rehabilitation Counseling (10.6%), Special Education (1.1%) or Disability Studies (.6%). Alumni who selected "other" degree cited programs in Human Services, Human Services Counseling, Rehabilitation and Disability Studies, Rehabilitation Studies, and Services

to the Deaf. Additional breakdown of demographic variables is provided in Table 2.

Results

Of the nine employment settings where undergraduate trained personnel work, with one exception, three specific settings were reported more frequently than others: community rehabilitation programs (12.3%), public schools (11.2%), and community mental health agencies (8.4%) (see Table 2). Interestingly, the largest reported work setting was "other", which included 41.9% of respondents. A careful inspection of work settings within the other category indicated that a significant portion could have been subsumed in one of the nine a priori categories. For whatever reasons, however, respondents did not view any of these categories

Table 2
Respondent Demographics

Variable	Percent	Variable	Percent
Gender		Education Degree	
Female	86.6%	Rehabilitation Services	82.7%
Male	13.4%	Rehabilitation Counseling	10.6%
Ethnicity/Race		Special Education	1.1%
African American	11.7%	Disability Studies	.6%
American Indian	1.7%	Higher Education	.6%
Asian/Pacific Islander	.6%	Other	.6%
Caucasian	78.8%	Years Since Graduation	$M= 3.12$ $SD=4.36$
Hispanic/Latino	2.8%	Years Work Experience	$M= 3.49$ $SD=5.26$
Bi-racial	.6%	Work Setting	
Multiracial	.6%	Community Rehab. Program	12.3%
Other	2.2%	Community Mental Health Agency	8.4%
Missing	1.0%	Criminal Justice System	2.8%
Disability Status		Private-for-profit Rehab Company	2.8%
No disability	87.2%	Public Vocational Rehab. Agency	5.6%
Mental/emotional	2.2%	Public School System	11.2%
Physical	4.5%	Public Welfare Agency	3.4%
Sensory/communicative	3.9%	Rehabilitation Hospital	.6%
Missing	2.2%	Social Services	5.0%
		Other	41.9%
		Missing	6.1%

as pertaining to their work situation and, as a result, selected “other” as a more suitable choice. Examples of work settings within this general category included: adoption agency, college/university, assisted living program, centers for independent living, child care facility, church, county board, early intervention program, group home, in-patient hospital, in-patient addiction treatment center, non-profit organization, private school, residential treatment center, supported employment, and sheltered workshop. Non-traditional work settings included a credit union, dental office, finance office, fitness club, insurance company, radio station, and restaurant. In each of these cases, only one person reported working in each of these non-traditional settings.

The mean salary was \$27,153. This overall estimate may be inaccurate, however, as some respondents included part-time employment (despite instructions to provide salary level for persons working full-time only) while about 16% of our sample chose not to provide salary information. For the same reason just noted, the lower limit of the reported annual salary range is probably inaccurate as well. With this caveat in mind, the reported annual salary range was between \$1,200 and \$150,000.

Although it may be trite to report, job titles were almost as varied as the number of people who perform them. In fact, the only job title reported by two or more respondents was case manager (6), therapeutic support staff person (6), special education teacher (5), job developer (2) and medical sonographer (2). A sample of job titles identified by no more than one person included: academic counselor, addictions counselor, adult case manager, assistant teacher, behavioral specialist, call center supervisor, child life specialist, crisis counselor, disability specialist, drug/alcohol counselor, employment specialist, family service worker, life skills teacher, occupational therapist technician, preschool teacher, program support assistant, rehabilitation specialist, residential specialist, sign language facilitator, social services specialist, student services coordinator, substance abuse counselor, victim services advocate, vocational consultant, vocational rehabilitation coordinator, work adjustment manager, and youth care worker. Given the variety of job titles and job settings, it is clear that undergraduate rehabilitation alumni work in diverse settings that not only extend beyond traditional rehabilitation settings (e.g., commu-

nity rehabilitation program and mental health agency) and those in related human service settings (public school and social services) but also in nontraditional settings (e.g., credit union, fitness club, insurance company).

As noted in Table 3, the most important and frequent work task (i.e., ranked 1st among 102 task statements) is to “Provide emotional support to clients.” Related to this overall task, undergraduate personnel ranked advocating for client rights (3rd), interviewing clients (5th) as well as their family members to obtain background information (6th), responding to clients when conflicts arise (12th), and identifying (4th) and coordinating community resources to assist clients (16th) within the top quartile. Associated with these high ranking client service delivery tasks were providing written documentation evident through client progress notes (2nd) and writing summary reports (8th).

Given that respondents, on average, graduated from their programs three years before they started working (see Table 2), it was not surprising that undergraduate trained personnel were more likely to provide direct services than perform tasks associated with administrative and supervisory functions. For example, providing in-house staff training (86th), verifying billing procedures and client accounts (89th), developing and conducting quality assurance audits (90th), supervising clerical staff (94th), assessing programs to ensure compliance with accreditation standards (97th), preparing program budget reports (99th), and hiring and replacing staff (101st) were tasks that undergraduate trained personnel did not frequently perform or perceive as being as important as other work tasks. Somewhat unexpected was that several tasks associated with traditional vocational rehabilitation roles such as orienting clients to the job site (76th), meeting with employers to discuss client employability (80th), providing job coaching (80th), conducting job analysis (84th), administering and scoring work samples (85th) were ranked in the lower quartile of all job tasks performed. These outcomes suggest that undergraduate personnel perform a variety of client services that extend beyond vocational rehabilitation job tasks.

It is also interesting to note that, for the most part, providing group counseling with or without a supervisor present is not something typically done or perceived as an important part of the professional work of undergraduate trained personnel. Both of these work roles

were ranked in the lowest 10% in relation to other job tasks. The frequency and perceived relevance when providing individual counseling with or without a supervisor present is not as clear, however. Although providing individual counseling with a supervisor present was ranked 71st and providing individual counseling without the supervisor present was ranked 42nd, related tasks suggest that undergraduate trained personnel use some type of counseling or interpersonal skill training. Examples of these tasks include responding to client concerns related to family conflicts (12th), using behavior modification techniques to facilitate client change (14th), and mediating client disputes (20th). Within an educative framework, undergraduate personnel provide client training concerning social skills (10th), health and wellness (21st), interpersonal conflicts (23rd), anger management (25th), advocacy (29th) and problem-solving (34th). And, in terms of client assessment areas, they are more likely to address behavioral problems (20th), educational needs (24th), family and community support systems (31st), and independent living needs (32nd) rather than other areas such as vocational interests, (54th) home/work accessibility (55th), and drug/alcohol addiction (60th).

Discussion

When using combined scores of frequency and perceived importance of work roles and functions, it is clear that undergraduate alumni interact with clients and their families on a consistent basis and that this involvement is perceived as important to achieving successful client outcomes. Specifically, providing emotional support to clients, obtaining background information from them as well as family members, securing release information and advocating on their behalf are fundamental tasks they perform. The written documentation associated with these activities in the form of producing client progress notes and case summary reports constitutes other basic tasks. Given that most respondents were persons relatively new to the field, job functions that involve administrative and supervisory work related to hiring and supervising staff, providing staff training, securing funding, managing budgets, and monitoring client service accounts are tasks not typically performed by undergraduate trained personnel.

With respect to undergraduates providing counseling services, a job function that historically has been associated within the purview of master's level training

and one considered as an "essential component of all activities" (Leahy, 1997, p. 97), data suggest that this work task is not one that undergraduates perform either independently or with a supervisor present. As noted in Table 3, providing group counseling received an overall ranking of 92nd (without supervisor present) and 94th (with supervisor present). Individual counseling, on the other hand, was more important as it was ranked 42nd (without supervisor present) and 71st (with supervisor present). While these data may assuage concerns regarding undergraduates providing counseling services either independently or with a supervisor present, it may be inferred based on overall rankings that they are using some set of counseling and related skills as they apply to the use of behavior modification techniques to facilitate client change, responding to client concerns related to family conflicts and mediating client disputes.

It also seems clear that undergraduate alumni work in diverse settings that include both traditional and non-traditional job markets. This finding may be something which undergraduate coordinators consider when attempting to recruit potential students into the rehabilitation services major. While salary levels are not particularly robust, using salary data reported by *O*NET* (2010), they seem consistent with those found in related human service majors such as criminal justice, psychology, and social work.

Finally, one enlightening yet unintended outcome as a result of conducting this study is that rehabilitation educators may believe that all they need to contact their alumni is to work with another university office such as alumni relations to locate former students. Our collective experience is that this resource is not particularly helpful in locating alumni and, in fact, when obtaining alumni listings, the information provided was often inaccurate. As an example, when trying to locate email addresses of alumni at Penn State University, we found that for every 100 alumni listed in the university's database, fewer than five contacts contained current and accurate information. This problem was particularly applicable to alumni who had graduated more than two years previously. Clearly, undergraduates are a transient group, and unless one has access to more accurate and stable information (e.g., parent mailing address and telephone number and/or email address), it can be quite difficult to locate these former students

Table 3

Frequency and Importance Levels of Job Task Statements in Final Rankings

Individual Task Statement	Frequency Levels						Importance Levels						Final Ranking			
	n	D	W	M	Y	NA	D+W	n	NI	SWI	I	VI	NR	I+VI	Comb F + I	Final Ranking
Administer and score work samples	165	16	15	11	3	120	31	143	5	11	32	23	72	55	86	85
Advocate for client rights	164	80	19	16	6	43	99	152	5	3	27	93	24	120	219	3
Analyze program evaluation data of client services	164	14	13	18	18	101	27	145	4	8	36	37	60	73	100	66
Apply behavior modification techniques to facilitate client change	168	68	14	18	5	63	82	148	2	6	40	64	36	104	186	14
Arrange and coordinate client services related to alcoholism/drug treatment	166	26	14	8	8	110	40	146	5	5	27	43	66	70	110	60
Arrange and coordinate client services related to assistive technology needs	167	15	19	22	13	98	34	149	6	13	33	38	59	71	105	64
Arrange and coordinate client services related to community/family support	166	46	22	26	9	63	68	150	4	9	47	56	34	103	171	16
Arrange and coordinate client services related to educational training	168	28	27	31	5	77	55	150	4	8	49	48	41	97	152	27
Arrange and coordinate client services related to employment services	168	20	17	27	13	91	37	146	2	6	44	42	52	86	123	51
Arrange and coordinate client services related to independent living services	168	27	20	25	9	87	47	149	3	12	40	43	51	83	130	46
Arrange and coordinate client services related to legal services	166	12	16	20	9	109	28	146	2	11	37	30	66	67	95	74
Arrange and coordinate client services related to psychiatric admission	165	12	14	17	12	110	26	147	6	7	37	34	63	71	97	71
Arrange and coordinate client services related to transportation service	164	28	33	25	8	70	61	147	2	11	53	40	41	93	154	26
Arrange client/staff meetings	167	23	41	29	7	67	64	149	7	9	49	42	42	87	151	28
Assess program for accreditation review	163	7	3	7	16	130	10	142	5	5	27	26	79	53	63	97
Complete quality assurance audits	163	11	8	11	22	111	18	146	5	8	32	29	72	61	79	90
Conduct assessments regarding client accessibility concerns at home/work	164	22	17	13	14	98	39	145	4	4	33	46	58	79	118	55
Conduct assessments regarding client behavioral problem	165	48	22	21	6	68	70	148	5	5	32	65	41	97	167	20
Conduct assessments regarding client drug/alcohol addiction	163	27	12	8	9	107	39	149	3	6	27	44	69	71	110	60

Table 3 (Continued)
Frequency and Importance Levels of Job Task Statements in Final Rankings

Conduct assessments regarding client educational skills and needs	163	36	27	21	6	73	63	146	4	4	40	55	43	95	158	24
Conduct assessments regarding client employment skills and needs	162	18	22	14	9	99	40	146	4	4	34	43	61	77	117	57
Conduct assessments regarding client family and community support systems	165	31	20	25	10	79	51	149	3	6	44	49	47	93	144	31
Conduct assessments regarding client independent living skills and needs	162	33	18	20	10	81	51	147	5	3	40	52	47	92	143	32
Conduct assessments regarding client physical capacities	163	26	22	24	9	82	48	148	4	4	44	47	49	91	139	37
Conduct assessments regarding client safety/risk or abuse	164	31	15	23	12	83	46	147	4	4	36	54	49	90	136	38
Conduct assessments regarding client vocational interests	164	20	15	21	16	92	35	147	6	9	39	45	48	84	119	54
Conduct in-home visits to assess client needs	165	34	16	15	13	87	50	147	5	6	39	46	51	85	135	40
Conduct job analysis	165	11	12	19	13	110	23	146	5	12	33	31	65	64	87	84
Conduct situational assessments to assess client employability	163	9	18	12	11	113	27	145	3	7	28	35	72	63	90	83
Conduct staff interview for hire	169	6	4	18	14	127	10	149	5	8	33	23	80	56	66	95
Consult on ADA compliance and/or universal design	165	12	14	20	21	98	26	147	7	8	42	38	52	80	106	62
Determine client eligibility for service including Public welfare	166	19	18	15	5	109	37	151	4	9	37	34	67	71	108	61
Determine client eligibility for service including SSI/SSDI	166	14	10	15	10	117	24	149	4	5	32	40	68	72	96	72
Determine client eligibility for service including State vocational rehabilitation services	165	26	17	15	8	99	43	150	2	5	42	40	61	82	125	50
Determine client eligibility for service including Veterans services	168	16	16	12	5	119	32	148	2	5	30	37	74	67	99	69
Develop agency/facility policy statement proposals	162	5	3	5	20	129	8	144	5	6	35	20	78	55	63	97
Develop classroom tests to assess student performance	168	15	12	11	3	127	27	150	3	13	32	23	79	55	82	87
Develop surveys or other outcome measures to assess service delivery effectiveness	168	4	10	25	22	97	14	145	2	12	40	38	53	78	92	80

Table 3 (Continued)

Frequency and Importance Levels of Job Task Statements in Final Rankings

File court petitions	169	6	8	8	10	137	14	146	7	11	22	20	86	42	56	102
Hire and replace staff	162	7	5	9	17	124	12	143	8	9	15	31	80	46	58	101
Identify community resources for clients	167	65	36	22	7	37	101	150	4	8	48	68	22	116	217	4
Identify external funding sources to support client services	163	14	17	17	11	104	31	147	5	4	38	41	59	79	110	60
Identify funding sources for client services	165	25	26	25	13	76	51	148	4	12	40	49	43	89	140	35
Interview client to obtain background information	167	52	36	18	11	50	88	149	2	8	36	79	24	115	203	5
Make inquiries about community services	166	38	41	25	10	52	79	152	2	13	56	51	30	107	186	14
Mediate client disputes	167	38	36	18	4	71	74	151	5	13	46	47	40	93	167	20
Meet with employers to discuss client employability	168	12	13	15	10	118	25	148	8	4	33	34	69	67	92	80
Monitor state and federal regulation information as applied to client services	162	35	10	22	11	84	45	146	6	4	35	53	48	88	133	43
Monitor state/federal regulations related to agency/facility practices	164	32	8	23	14	87	40	148	5	2	35	52	54	87	127	49
Obtain background information from client or family member	168	58	24	27	8	51	82	152	2	4	42	76	28	118	200	6
Obtain referral releases	169	38	30	24	11	66	68	152	5	3	50	52	42	102	170	17
Organize peer support groups for clients	168	10	19	16	8	115	29	147	4	14	38	25	66	63	92	80
Orient client to agency or facility	166	34	41	23	12	56	75	148	4	8	70	36	30	106	181	15
Orient client to job site	168	17	15	13	5	118	32	145	5	7	30	31	72	61	93	76
Participate in client staffings	168	32	40	19	8	69	72	147	4	10	38	54	41	92	164	22
Prepare program budget reports	164	2	4	10	21	127	6	146	5	11	28	27	75	55	61	99
Provide client training regarding advocacy	166	27	27	23	7	82	54	149	5	5	44	52	43	96	150	29
Provide client training regarding anger management	169	37	26	16	5	85	63	148	4	3	45	49	47	94	157	25
Provide client training regarding assistive technology	166	15	15	15	15	106	30	148	5	12	34	30	67	64	94	75
Provide client training regarding competitive employment	165	16	19	16	4	110	35	143	4	6	38	32	63	70	105	64

Table 3 (Continued)
Frequency and Importance Levels of Job Task Statements in Final Rankings

Provide client training regarding disability accommodation	167	24	29	25	15	84	53	148	4	10	43	43	48	86	139	37
Provide client training regarding health and wellness	167	40	27	23	5	72	67	148	5	9	50	49	35	99	166	21
Provide client training regarding independent living	166	34	20	15	10	87	54	147	3	7	38	50	49	88	142	33
Provide client training regarding interpersonal conflicts	169	47	24	15	9	74	71	150	5	12	36	54	43	90	161	23
Provide client training regarding job coaching	168	10	14	20	8	116	24	145	5	8	38	30	64	68	92	80
Provide client training regarding job seeking skills	169	25	15	29	7	93	40	149	5	2	47	41	54	88	128	48
Provide client training regarding nutrition	167	19	21	19	11	97	40	149	5	11	44	35	54	79	119	54
Provide client training regarding parenting	167	18	12	19	8	110	30	146	3	8	44	26	65	70	100	66
Provide client training regarding problem-solving	169	31	20	12	3	34	51	150	4	9	47	56	34	90	141	34
Provide client training regarding recreation and leisure	164	32	24	21	6	81	56	146	3	14	43	36	50	79	135	40
Provide client training regarding sexuality	169	11	9	15	14	120	20	153	11	13	33	28	68	71	91	82
Provide client training regarding social skills	167	57	30	16	4	60	87	152	3	9	39	66	35	105	192	10
Provide client training regarding supported employment	166	18	11	17	12	108	29	148	5	8	43	27	65	70	99	69
Provide emotional support to clients	165	108	16	8	2	32	124	149	3	4	36	86	20	122	246	1
Provide group counseling with supervisor present	167	10	15	7	2	133	25	146	8	8	29	21	80	50	75	94
Provide group counseling without supervisor present	169	11	20	6	4	128	31	146	7	8	28	19	84	47	78	92
Provide individual counseling with supervisor present	169	20	12	13	7	117	32	148	8	7	32	33	68	65	97	71
Provide individual counseling without supervisor present	169	33	23	7	5	2	56	151	6	7	41	37	60	78	134	42
Provide-in-house staff training	162	15	7	20	11	109	22	145	5	5	33	30	72	63	85	86
Recruit agency/facility volunteer to support client programs	161	9	10	9	10	123	19	167	21	16	19	20	91	39	58	101

Table 3 (Continued)

Frequency and Importance Levels of Job Task Statements in Final Rankings

Respond to client concerns related to alcohol and drug problems	168	38	17	14	10	89	55	151	2	8	32	58	51	90	145	30
Respond to client concerns related to child abuse	169	13	10	11	12	55	23	149	3	4	35	56	51	107	130	46
Respond to client concerns related to elder abuse	168	7	5	12	17	127	12	149	5	2	34	35	73	69	81	88
Respond to client concerns related to family conflicts	166	46	38	21	6	55	84	148	3	9	50	53	33	103	187	12
Repond to client concerns related to physical assault	167	12	22	17	27	89	34	150	4	6	44	50	46	94	128	48
Respond to client concerns related to sexual abuse	165	16	16	23	21	89	32	148	3	8	30	55	52	85	117	57
Respond to client concerns related to suicide ideation	166	20	15	21	18	92	35	151	3	2	27	69	50	96	131	44
Review financial and insurance resources with clients	168	19	23	22	10	94	42	145	6	10	42	38	49	80	122	52
Secure release of client information	166	56	32	25	12	41	88	148	2	9	31	80	26	111	199	8
Supervise clerical staff	164	22	8	1	5	128	30	147	4	11	21	24	87	45	75	94
Supervise professional staff	163	32	6	2	3	120	38	146	4	7	25	36	74	61	99	69
Under supervision, administer or monitor client medication	167	25	8	9	2	123	33	146	5	10	23	35	73	58	91	82
Use computer software for developing client billing forms	168	18	12	8	7	123	30	145	8	19	26	22	70	48	78	92
Use computer software for developing client reports	166	69	24	14	4	55	93	148	7	12	53	49	27	102	195	9
Use computer software for developing data bases relevant to agency/facility	166	44	23	14	8	77	57	150	5	17	45	32	51	77	134	42
Use computer software for developing service documentation	165	70	19	16	6	54	89	147	6	15	49	52	25	101	190	11
Verify billing procedures and client accounts	163	10	16	13	8	116	26	145	5	15	25	29	71	54	80	89
Write client progress notes	166	86	15	15	2	48	101	151	4	7	34	82	24	122	223	2
Write client summary reports	167	58	32	23	4	50	90	149	3	9	40	69	28	109	199	8
Write discharge plans	168	9	18	22	11	108	27	150	5	14	35	33	63	68	95	74
Write grants to support agency/facility services	164	5	3	4	13	139	8	144	5	2	28	25	84	53	61	99
Write individual client plans	163	35	25	18	14	71	70	144	2	3	35	62	42	97	167	20

Table 3 (Continued)

Frequency and Importance Levels of Job Task Statements in Final Rankings

Note: Reported frequencies do not include missing cases which varied between 10 and 37 respondents across all items. Also, in places where final overall rankings of frequency and importance were tied, the lower ranking number was assigned (e.g., there is no ranking for 7th place but there are two items that had the same final overall score and therefore both received a ranking for 8th place).

Limitations with Present Study

As noted earlier, while our intent was to conduct a random national sample of undergraduate rehabilitation services programs, our data come primarily from five schools with limited representation from 14 other programs. Thus, given this limited sampling, generalizations regarding other rehabilitation services programs or conclusions on work role and function pertaining to undergraduate programs, in general, are tenuous.

Second, an inherent limitation with any survey research and applicable to this study as well is that data were all self-reported. Consequently, the frequency of reported tasks may not reflect actual practice. Future studies may wish to corroborate this information with that provided by an immediate supervisor to obtain another account of actual work duties. Given that the survey was anonymous, however, we have no reason to suspect that respondents would intentionally provide misleading responses. We would also hope that future research studies use the existing instrument in collecting data of undergraduate role and function so that findings from any subsequent studies allow for comparison. Greater data collection from undergraduate alumni would also allow an analysis of work role and function by particular work setting. By continuing to collect and share data in one data repository file, we could examine work roles as a function of setting. At this point, we simply did not have sufficient numbers of participants to draw any meaningful conclusions.

A third limitation of the study concerns the method used to rank order work task statements. While other strategies could have been used when ranking statements (e.g., analyzing only those that had some prede-

termined response rate or weighted system based on number of persons who responded “not at all” for frequency or “not relevant” for importance), given the initial stage of development, we decided to restrict our analysis to more definitive response categories. Specifically, we chose to weight frequency and importance as contributing equally and focus on responses that were weighted on the higher end of frequency (i.e., tasks performed “daily” and “weekly”) and level of importance (i.e., tasks perceived as “important” or “very important”) continuum than items that were performed less often (i.e., “monthly,” “yearly,” or “not at all”) or viewed as less important (“not important,” “somewhat important,” or “not relevant”). Other evaluation strategies could have produced different outcomes, but given that the intent of this pilot study was descriptive in nature and without the benefit of having sufficient number of respondents to use inferential statistics, we opted for a more conservative analysis.

Fourth and finally, as noted earlier, we recognized that given survey length (102 task statements), fatigue might have influenced item responses, particularly as they applied to perceived level of importance. It was clear that, on average, respondents tended to answer more items pertaining to frequency than importance. Perhaps thinking first about how often a task is performed is an easier, more deliberate process as opposed to subsequently thinking about its level of importance in achieving a successful client outcome (as defined in this study). As a result, the final rankings may have a slight bias on the frequency dimension of a given job task over importance or how a particular job task contributes to successful client outcomes.

Future Research Directions

As this study was a pilot investigation, a larger and more representative sample clearly is needed so that the factor structure and internal consistency estimates of the instrument are known. While a priori content analysis led the investigators to believe that the instrument assessed seven job domains: client assessment, case management, client advocacy and planning, crisis identification, education and training, individual-group counseling, and job development and placement, without the use of confirmatory factor analysis, these domains are simply educative conjecture. Considering the number of items in the survey and using exploratory factor analysis to analyze the factor structure would re-

quire between 550 and 1,100 respondents if one were to subscribe to the general guideline of between five and ten observations (respondents) per test item (see Bryant & Yarnold, 1995). Clearly, the major research direction to understanding the role and function of undergraduate personnel involves obtaining additional data. This task, as detailed further, will be quite difficult to achieve unless undergraduate program directors make a concerted and intentional commitment to collect these data.

Although this study was intended to sample programs nationwide, only one-third of undergraduate programs contacted had alumni represented from their respective universities. And, as noted earlier, most respondents were alumni from one of five undergraduate programs. The failure to obtain a larger national representative program was not because of a lack of effort to obtain additional data, as we made six attempts via direct email, telephone solicitation and professional conference meetings over a 24-month period. Despite these efforts, we were not successful in obtaining a more representative sample given what we believe is a basic problem: Undergraduate coordinators do not maintain sufficient and accurate alumni records. Given the time and effort needed to develop an accurate database of alumni who graduated years ago, it is understandable that there would be less enthusiasm for doing this work as part of a research study. Although problematic for this study's purpose, for the long-term, it is critical that undergraduate program coordinators initiate some reliable mechanism to sustain contact with alumni. As we have found, keeping in contact with alumni who graduated several years or more is a daunting task, but, in terms of getting an accurate picture of work roles and functions that these more experienced practitioners perform, it is particularly critical that we do not lose contact with them. While getting information from recently employed undergraduates is needed, without including more experienced personnel, we are likely to get an inaccurate picture of undergraduate alumni work tasks. It would seem reasonable to assume that with increasing years of effective service, these undergraduate alumni are more likely to assume administrative and supervisory positions and perhaps diversify in other work tasks that are not assigned to more inexperienced staff. Although obtaining a graduate degree is one method for securing supervisory positions, another way is through a proven track record of work performance. As our survey indicates, respondents tended to be persons with

three years or less work experience. Thus, our understanding of undergraduate work role and function is predicated on a workforce sample of persons just beginning their professional careers. As additional data are collected, analyzing job tasks as a function of professional work experience is necessary.

Paralleling the effort to understanding how work roles and functions may change as a function of work experience, additional data must be collected to ascertain how work setting impacts these work tasks. Specifically, in what ways are work tasks the same or different across work settings? On the basis of work role and function studies done at the master's level as noted in this paper's introduction, it is clear that while there are consistent job functions across settings, there are unique ones as well. For example, an earlier study by Leahy et al. (2003) of certified rehabilitation counselors found differences on five of seven basic rehabilitation counselor functions. One reported difference was that counselors who worked in public or proprietary vocational rehabilitation programs rated vocational counseling and consultation more important than workers in nonprofit rehabilitation settings, colleges/universities, mental health centers, public schools and other settings. It would seem reasonable to expect that differences across work settings for undergraduate alumni exist as well. Because of the limited number of participants in this study, we were not able to examine possible differences as a function of work setting, however.

Despite problems associated with obtaining a larger and more representative sample, the value of this research study is that rehabilitation educators now have a promising instrument by which to evaluate work roles and functions performed by undergraduate rehabilitation services alumni. It is hoped that, at the very least, program coordinators interested in knowing work roles performed by their students use this instrument to collect data. More importantly, a coordinated effort to collect these data is needed and not simply to continue the practice of individual programs "reinventing the wheel" by developing their own "home-grown" assessment measures. Given the thoughtful planning exercised as part of the Delphi process, we believe that the instrument offers strong potential as a useful tool to assess undergraduate trained personnel who work in rehabilitation and related human service settings. Certainly, if undergraduate program accreditation is realized, it must be based in part on obtaining accurate and

reliable data regarding work tasks that are performed by these personnel. Toward this goal, undergraduate rehabilitation services coordinators and other interested faculty must be committed to collecting these data to support current efforts in developing national accreditation standards.

References

- Arokiasamy, C. V. (2000). The rehabilitation counseling profession and its undergraduate kissing cousins: Vision 2020. *Rehabilitation Education* 14, 13–26.
- Bryant, F. B., & Yarnold, P. R. (1995). Principal-components analysis and exploratory and confirmatory factor analysis. In L. G., Grimm, & P. R., Yarnold (Eds.), *Reading and understanding multivariate statistics* (pp. 99–136). Washington, DC: American Psychological Association.
- Cook, D., & Bolton, B. (1992). Rehabilitation counselor education and case performance: An independent replication. *Rehabilitation Counseling Bulletin*, 36, 37–43.
- Culberson, J. O. (1979). Undergraduate education for rehabilitation: Agency perceptions of training and characteristics preferred of job applicants. *Journal of Rehabilitation*, 45(2), 39–43, 88.
- Emener, W. G., & Rasch, J. D. (1984). Actual and preferred instructional areas in rehabilitation education programs. *Rehabilitation Counseling Bulletin*, 27, 269–280.
- Emener, W. G., & Rubin, S. E. (1980). Rehabilitation counselor roles and functions and sources of role strain. *Journal of Applied Rehabilitation Counseling*, 11(2), 57–59.
- Evenson, T., & Holloway, L. (2000). Competencies of baccalaureate-level rehabilitation workers in community rehabilitation programs. *Rehabilitation Education*, 14, 115–130.
- Evenson, T., & Holloway, L. (2006). The state of rehabilitation undergraduate education: A survey of undergraduate coordinators. *Rehabilitation Education*, 2, 103–113.
- Evenson, T., & Holloway, L. (2007). Undergraduate education: An essential rung on the rehabilitation career ladder. *Rehabilitation Education*, 21, 73–86.
- Gandy, G. L. (1983). Graduates of an undergraduate rehabilitation curriculum. *Rehabilitation Counseling Bulletin*, 24, 357–359.
- Herbert, J. T. (2006). Accreditation options for the undergraduate rehabilitation program. *Rehabilitation Education*, 20, 179–190.
- Hylbert, K. W. (1963). Experiment at Penn State: Bachelor of rehabilitation. *Journal of Rehabilitation*, 29(2), 23–24.
- Hylbert, K. W. (1972). Undergraduate education for counselors. *Counselor Education and Supervision*, 11, 284–292.
- Jaques, M. E. (1959). *Critical counseling behavior in rehabilitation settings*. Iowa City, IA: State University of Iowa, College of Education.
- Jaques, M. E. (1972). Rehabilitation counseling and support personnel. *Rehabilitation Counseling Bulletin*, 15, 160–169.
- Leahy, M. J. (1997). Qualified providers of rehabilitation counseling services. In D. R. Maki & T. F. Riggan (Eds.), *Rehabilitation counseling profession and practice* (pp. 95–110). New York: Springer.
- Leahy, M. J., Chan, F., & Saunders, J. L. (2003). Job functions and knowledge requirements of certified rehabilitation counselors in the 21st century. *Rehabilitation Counseling Bulletin*, 46, 66–81.
- Leahy, M. J., Muenzen, P., Saunders, J. L., & Strauser, D. (2009). Essential knowledge domains underlying effective rehabilitation counseling practice. *Rehabilitation Counseling Bulletin*, 52, 95–106.
- Leahy, M. J., Shapson, P. R., & Wright, G. N. (1987). Rehabilitation practitioners competencies by role and setting. *Rehabilitation Counseling Bulletin*, 31, 119–131.
- Marlett, N., Neufeldt, A. Hughson, E. A., Cran, S., Kinash, S., Parrott, B., & Foster-Wilcox, S. (2000). Career laddering: A Canadian approach to education in community rehabilitation and disability studies. *Rehabilitation Education*, 14, 59–75.
- Martin, G. E., & Jeffrey, D. L. (1978). A conceptual framework for undergraduate education in rehabilitation. *Rehabilitation Counseling Bulletin*, 21, 343–345.
- McAllan, L., & Sales, A. (2000). Career ladder: A practical model for undergraduate education. *Rehabilitation Education*, 14, 77–88.
- Menz, F. E., Surdick, R., & Stewart, S. (2000). Continuing education: Connecting with undergraduate education. *Rehabilitation Education*, 14, 97–114.
- Muthard, J. E., & Salomone, P. R. (1969). The roles and functions of rehabilitation counselors. *Rehabilitation Counseling Bulletin*, 13(1-SP), 81–168.

- Muzzio, T. C. (2000). Undergraduate rehabilitation education: The need for graduates from the perspective of the public rehabilitation program. *Rehabilitation Education, 14*, 89–96.
- National Council on Rehabilitation Education (2007). *National Council on Rehabilitation Membership Directory*. Rolling Hills, IL: NCRE.
- National Council on Rehabilitation Education (1987). National Council on Rehabilitation Education position statement on undergraduate rehabilitation education. *Rehabilitation Education, 1*, 19–27
- O*NET (2010, November 5). O*NET Online. Retrieved from <http://online.onetcenter.org/find/family?f=21&g=Go>
- Perry, D. (2000). Understanding and appreciating undergraduate rehabilitation education. *Rehabilitation Education, 14*, 3–11.
- Redkey, H. (1971). Undergraduate curriculum: A success. *Journal of Rehabilitation, 37*(6), 15–17.
- Rubin, S. E., Matkin, R. E., Ashley, J. Beardsly, M. M., May, V. R., Onstott, K., & Puckett, F. D. (1984). Roles and functions of certified rehabilitation counselors. *Rehabilitation Counseling Bulletin, 27*, 199–224.
- Salomone, P. R. (1970). The role of the para-professional: Present and future. *Rehabilitation Research and Practice Review, 1*(4), 1–4.
- Sawyer, H. W. (2000). A transitional model of rehabilitation education: Departure from the past. *Rehabilitation Education, 14*, 49–58.
- Shaw, L. R., & Kuehn, M. D. (2009). Rehabilitation counselor education accreditation history, structure, and evolution. *Rehabilitation Counseling Bulletin, 52*, 69–76.
- Steele, D. E. (1999). Promoting change in an undergraduate rehabilitative services program. *Rehabilitation Education, 13*, 295–300.
- Szymanski, E. M., Mizelle, N. D., Tansey, T. N., Tschopp, M. K., & Willmering, P. P. (2000). The paradox of undergraduate rehabilitation education. *Rehabilitation Education, 14*, 27–31.
- Steger, J. M. (1974). A multidisciplinary model for undergraduate education in rehabilitation. *Rehabilitation Counseling Bulletin, 18*, 12–20.
- Szymanski, E. M. (1991). Relationship of level of rehabilitation counselor education to rehabilitation client outcome: A replication and extension. *Journal of Rehabilitation, 58*, 49–56.
- Szymanski, E. M., & Danek, M. M. (1992). The relationship of rehabilitation counselor education to rehabilitation client outcome in the Wisconsin Division of Vocational Rehabilitation. *Rehabilitation Counseling Bulletin, 35*, 23–37.
- Szymanski, E. M., & Parker, R. M. (1989). Relationship of rehabilitation client outcome to level of rehabilitation counselor education. *Journal of Rehabilitation, 55*(4), 32–36.
- Szymanski, E. M., Mizelle, N. D., Tansey, T. N., Tschopp, M. K., & Willmering, P. P. (2000). The paradox of undergraduate education. *Rehabilitation Education, 14*, 27–31.
- Vazquez-Ramos, R., Leahy, M., & Hernandez, N. E. (2007). The Delphi method in rehabilitation counseling research. *Rehabilitation Counseling Bulletin, 50*, 111–118.
- Williamson, C. J., Evenson, T. L., & Perry, D. C. (1996). Worker roles and competences for baccalaureate rehabilitation service providers: A national survey. *Rehabilitation Education, 10*, 305–318.

Author Note

Correspondence concerning this article should be addressed to James T. Herbert, Department of Counselor Education, Counseling Psychology and Rehabilitation Services, Penn State University, 314 CEDAR Building, University Park, PA 16802. E-mail: jth4@psu.edu

Because of potential conflict of interest concerns as the first author is also Editor of the journal, this manuscript was forwarded to an Editorial Board member selected at random who then independently selected other reviewers affiliated with *Rehabilitation Education*. The identities of these reviewers remained unknown to the investigators. Manuscript review policies and procedures for masked review were followed otherwise.

Partial support for this study was provided by the Committee on Undergraduate Education. The authors wish to acknowledge Dr. David Perry who was instrumental in securing funding and Dr. Dawn C. Lorenz who assisted in contacting program coordinators to participate in the study.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.