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FAMILY ISSUES AND REHABILITATION: DO JOB DESCRIPTIONS
INCORPORATE FAMILY INVOLVEMENT IN REHABILITATION SERVICES?

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Rehabilitation Counseling

by
Corina Miki Joseph

June 1997


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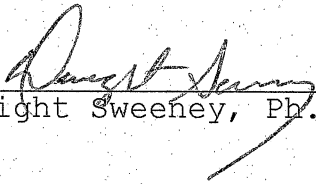
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ABSTRACT

When the rehabilitation counselor addresses family-related issues during a client's rehabilitation process, it is perceived as beneficial to the rehabilitation program. Conversely, failure of the rehabilitation counselor to address family issues in the rehabilitation process may be detrimental to the entire effort. This study examines whether state rehabilitation agencies list issues relating to families as important knowledge or skill areas on job descriptions for entry level rehabilitation counselors. Job descriptions were obtained from each state rehabilitation agency in the nation and were examined to determine whether a reference to family issues was made. Results indicate that fourteen out of the fifty states list family issues as important knowledge or skill areas in job descriptions for entry level rehabilitation counselor positions. Implications of the results are discussed in the conclusion.

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CHAPTER ONE

Introduction

The role of the rehabilitation counselor is one of great importance and encompasses the many critical aspects of the rehabilitation process. Rubin and Roessler (1987) referred to the role of the rehabilitation counselor as one in which the counselor is responsible for more than one primary duty. Rather than focusing solely upon treatment of the individual's disability, the rehabilitation counselor must maintain a broad prospective, assist the individual holistically, and must acknowledge psycho-social, as well as medical issues.

Although the field of rehabilitation counseling has existed for fewer than sixty years, the role of the rehabilitation counselor has evolved from providing services in a medically-based model to one that addresses the individual's medical as well as social needs. Medical needs encompass treatment services directly related to the disability itself, whereas a social approach acknowledges extraneous variables that effect the person outside of the actual disability. A combination of a medical and social model enables the rehabilitation counselor to provide and coordinate services that relate to the person with a

disability, both physically and socially. As a result, rehabilitation counselors are expected to provide services in the capacities of both counselor and coordinator (Rubin and Puckett, 1984).

With the emergence of changes in legislation governing rehabilitation services and the reassessment of the needs of individuals with disabilities in the rehabilitation process, the duties of the rehabilitation counselor must evolve accordingly. Rehabilitation counselors must also have the skill and knowledge base necessary to provide services to persons with disabilities as stated in governing legislation. In accordance with the Rehabilitation Act Amendments of 1992 (Section 101), state agencies must obtain qualified personnel, as determined by each state, to provide appropriate rehabilitation counseling services, and the involvement of family support is considered a factor in the provision of those services.

Literature Review

Past research has examined the qualifications, roles, and functions of the rehabilitation counselor over the past decade (Garske & Turpin, 1992; Rubin, Matkin, Ashley, Beardsley, May, Onstott, & Puckett, 1984; Szymanski, Leahy, & Linkowski, 1993; and Szymanski, Linkowski, Leahy, Diamond,

& Thoreson, 1993), and has found that the duties of the rehabilitation counselor covers a spectrum of knowledge and skill areas. Rubin and Puckett (1984) found that rehabilitation counselors are responsible for a variety of tasks that include case management services, counseling, service arrangement, job placement, and other related duties. Szymanski, et. al. (1993), examined the perceived training needs of Certified Rehabilitation Counselors working in the field of rehabilitation services, and found that there was a reported need for training in vocational services, foundations of rehabilitation, case management services, group and family counseling, medical and psychosocial aspects, worker's compensation, employer services and technology, and individual counseling and development to be effective rehabilitation counselors. Although there was a reported need by Certified Rehabilitation Counselors for knowledge training in the area of family issues, Cook and Ferritor (1985) found that less than two percent of rehabilitation case closures in 1981 received any documented family services. In examining the job descriptions of entry level rehabilitation counselors in the state sector, Allen, Turpin, Garske, and Warren-Marlatt (1996), found that, although a combination of group and family issues were

considered by Certified Rehabilitation Counselors to be moderately important knowledge areas, twenty-eight out of fifty state rehabilitation agencies did not include either group or family related services. In a survey by Power, et. al. (1991) measuring whether an emphasis upon family involvement is encouraged in rehabilitation, only five out of the twenty responding state vocational rehabilitation offices stated that there is encouragement of staff to include the family prior to obtaining a job for the individual with a disability.

Based upon the reported moderate level of importance assigned to group and family issues by Certified Rehabilitation Counselors in the field, and research supporting the need for family involvement, it would seem appropriate that state rehabilitation agencies would emphasize job knowledge areas relative to such issues. In addition to the reported importance of knowledge in the area of family issues by Certified Rehabilitation Counselors, landmark legislative acts regarding services to persons with disabilities, such as the Rehabilitation Act Amendments (1992) and the Americans with Disabilities Act (1990), have promoted the collaboration of medically and socially-based rehabilitation services. Historically,

rehabilitation efforts have been focused upon returning the individual with a disability to work through the provision of services and supports that relate directly to treatment of the disability. Little or no attention was made in reference to family involvement. However, Sachs and Ellenberg (1994) noted that failure to consider the family in rehabilitation results in the failure to acknowledge the individual's overall "well-being". Sachs, et. al. (1994) further indicate that rehabilitation services are more effective when a combination of a social and medical approach is made on the part of the rehabilitation counselor. Subsequently, in addition to services focused directly upon treating the disabling condition, the rehabilitation counselor should examine and provide services that will address any issues that are potentially detrimental to the rehabilitation process, whether medical or social in nature. According to Cottone, Handlesman, and Walters (1986), the shift from a solely medical model to one that combines medical and social models of rehabilitation services requires the rehabilitation counselor to examine the causes of problematic concerns in a with a less linear perspective. The social model requires the rehabilitation counselor to regard the client's needs in a holistic manner,

integrating the actual disability with issues relating to social supports and overall coping. Although the counselor must continue to acknowledge the medical issues of the individual with a disability, the social factors are of equal importance to consider.

The Americans with Disabilities Act (1990) mandates accessibility of community services and supports available to persons without disabilities also be available to persons with disabilities. Supports include the involvement of the family and significant others in an effort to access the individual's community. Such a landmark mandate allows persons with disabilities to lead their lives as independently as possible. According to Weber (1994), the Rehabilitation Act Amendments of 1992 affects persons with disabilities in the rehabilitation process, as it places a greater emphasis upon consumer choice and family involvement in the rehabilitation plan. Of considerable importance to the rehabilitation effort is the integration of significant others, as persons involved in a rehabilitation process may benefit from such support. According to the Rehabilitation Act Amendments of 1992:

It is the policy of the United States that all programs, projects, and activities receiving assistance under this chapter shall be carried out in a manner consistent with the principles of- (4) support for the involvement of a parent, a family member... if an

individual with a disability requests, desires, or needs such support... (section 701(c)(4)).

Support for family involvement in the rehabilitation process is illustrated by Power, Hershenson, and Fabian (1991), who noted that adults with disabilities had a greater rate of successful job placements when family members were directly involved in the rehabilitation effort. Power, et. al. (1986) found that family involvement in the rehabilitation process was crucial, as "the client's performance in vocational rehabilitation is a function of both the person and the family environment."

In addition to governmental policies that directly effect persons with disabilities, Farrow (1991) noted that state governments are becoming increasingly interested in family services because there is "mounting evidence that many children and families are not faring well." According to Farrow (1991), state governments have been working on innovative means to address family issues through the development of services and supports that will enable families to help themselves, rather than depend upon a system permanently. According to Kohl (1991), "there is a growing consensus nationally in both political parties that families are in need and that the next decade must be committed to the agenda of those families." Langley (1991)

also indicated that states have recognized the need for and have moved toward family-centered services that may assist families to become independent of a governmental system over an extended period of time. Langley (1991) noted the significance of "family well-being" as a main emphasis upon political plans in the 1990's. Lightburn and Kemp (1994) support the need for family-centered services, as "...support to the family will enhance family stability, develop parental competencies, and promote the healthy development of children..." Lightburn, et. al. (1994) also noted that when families work together, they create a relationship that promotes interdependence rather than dependence.

Literature (Priest & Protinsky, 1993; and McPhatter, 1991) indicates that families are composed of individuals whose lives effect others within the family system. As a result, issues that may be detrimental directly to an individual member may actually affect the entire family. Priest, et. al. (1993) noted that, "each member of the system acts as an individual, but is integrally connected with the other members." As a result, because families tend to experience the effects of issues that pertain to a specific member, it is imperative on the part of a counselor

to assess and address the needs of the entire family unit. Priest and Protinsky (1993) also note that lack of intervention with the family may result in even greater dysfunction and possible codependency. Bigbee (1992) found a positive correlation between family illness and family stress levels. It was also noted that negative family events effected families adversely. It was suggested that early family intervention be implemented to prevent illness and treat stressors within the family. Family-centered services will enable families to work together in addressing and overcoming family and individual issues. Such collaborative efforts promote familial bonding and the overall capacity of the family to overcome barriers. Tracy, Whittaker, Pugh, Knapp and Overstreet (1994) indicated that, building a strong support system within and for the family allows it to "maintain change and handle future crises that may arise."

As family-centered services assist individuals in overcoming barriers in their lives, services that incorporate the family will also be a benefit to persons with disabilities. Through effectively addressing family issues in the rehabilitation process, and involving the family in assessment and planning efforts, families can be a

significant benefit to the person with a disability throughout the rehabilitation effort. Recent studies (Herbert, 1989; Power, et. al. 1991; and Dew, Phillips, & Reiss, 1989) have shown that the family can serve as a benefit to the rehabilitation process; however, the involvement can be detrimental if not appropriately addressed and channeled. Power, et. al. (1991) also found that family resistance to change, as a result of a fear that changes would be disruptive to family norms, may impede the efforts of a rehabilitation counselor to assist the family member in returning to work. As a result, the rehabilitation counselor must acknowledge the family's resistance, and devise a plan to overcome such a barrier. The ability of the rehabilitation professional to identify the nature and extent of family involvement in the rehabilitation process is crucial for the determination of the impact of the family upon the rehabilitation effort. Kerosky (1984) noted that failure to acknowledge the extent of family need and involvement may result in its sabotage of the family member's rehabilitation effort.

In reference to utilizing family involvement, Power, et. al. (1986) delineated the role of the rehabilitation counselor in relation to families into three categories:

assessor of family dynamics, provider of information to the family, and developer of support systems within and for the family. Through the assessment of family dynamics, the rehabilitation counselor may determine that there is a need for services related to the family, such as counseling to address the additional stressors experienced by the family as a result of the impact of the disability. In a study addressing family counseling and rehabilitation, Kerosky (1984) addressed the importance of family counseling as a means to enable the family and the individual with a disability to better adapt to their change and begin the rehabilitation process in cohesion. Sachs, et. al. (1994) indicated that problems within the family often evolve following the onset of an injury, as families are forced to make necessary adjustments to accommodate the member with a disability. Sachs, et. al. (1994) also indicated that, without such adjustments of the roles within the family, the individual's rehabilitation plan may be impeded. As a result, it is considered necessary to identify and address stressors within the family, and provide services and supports necessary to assist in managing such difficulties. For instance, if the primary earner of the family sustains an injury that precludes the individual from returning to

work, and the financial obligations require the other spouse to obtain a job and assume the role of the earner, both persons may have difficulty adjusting to their change in roles. The spouse with a disability may feel a loss of status within the family as the primary earner, and the spouse undertaking the role may feel the pressure to provide for the family to maintain the previous quality of life. Other members of the family may also be required to assume new roles, and it is necessary for the rehabilitation counselor to address the family's needs to adjust accordingly. In addition to changes involving family roles, couples may also experience changes in their relationship. For instance, if the nature of the disability obstructs intimacy between a couple, difficulties may arise. Whether the barrier is physical or psychological in nature, an attempt to address the issue must be made to assist the couple in their adjustment. The rehabilitation counselor may also be able to develop an understanding of family expectations and coordinate services that will be conducive to their needs and expectations, which may avoid family resistance to the rehabilitation plan. Such assistance will enable the client and the family to identify and cope with their extraneous stressors and commit to a successful

rehabilitation plan. It has been noted in literature (Cook, et. al. 1985) that families can be resistive to rehabilitation efforts as a result of fear of change, concern for the safety of the family member with a disability to return to work, or because of secondary gains, such as financial disincentives or pressure from the family to remain at home. As a result, rehabilitation counselors should develop an understanding of the incentives and disincentives to the family member employed, as families may consider a successful rehabilitation of the family member to be an overall threat to the family's current norms.

To address the overall concerns of the client and the family, and promote a supportive and collaborative rehabilitation plan, the rehabilitation counselor must also provide the family with information regarding the implications of the disability, and goals of rehabilitation as they relate to the individual and family. As a provider of information, the rehabilitation counselor may provide the family with information regarding rehabilitation options available to the member with a disability. Information may also enable the family to understand the effects of the disability, and feel empowered to take an active role in their family member's rehabilitation effort. Families often

do not understand the nature of the disability and related needs, which may result in a fear of supporting the efforts of the individual participating in a rehabilitation plan.

Last, through the development of support systems, the counselor may assist the family and the client in identifying and securing the supports required to achieve a successful rehabilitation plan. Marinelli and Dell Orto (1984) indicated that supportive families provide the member with a disability the courage and drive that is necessary to realize a successful rehabilitation plan (p. 108). Families often support members in the provision of encouragement, economic support, follow-through, and auxiliary services that may not otherwise be available to the individual participating in a rehabilitation program. However, families may require additional assistance to provide such supports. In an effort to minimize the potentially negative impact and promote positive family support, the rehabilitation professional can coordinate intervention in situations where the family may need guidance and assistance in supporting the individual in the rehabilitation process. Necessary guidance and assistance may include a referral to family counseling professionals to address issues as they relate to the family member with a disability. Issues may

include financial difficulties, lack of acceptance of the disability, intimacy issues, and other related issues. For instance, in the event that a couple is having difficulties with intimacy as a result of the disability, counseling may assist them in discussing their discomfort, and may provide them a way to adapt to the barrier. Power, et. al. (1986) noted that the family may be in need of intervention as a result of the impact of the existence of the disability upon the entire family unit. Without such intervention, anger and resistance may occur among the entire family, posing a major barrier to the goal of the rehabilitation plan. To assist the family in their efforts to assist their member the rehabilitation process, the rehabilitation counselor may be required to coordinate support services for the family. Supports may include respite services to assist in the care of the family member with a disability while other members rest. Such services and supports enable families to cope with and adapt to the significant changes in the family unit. Support groups may foster communication within the family regarding issues relating to the member with a disability. Kerosky (1984) found the enhancement of family communication to be of importance, as they are able to address their emotional stress and strive to be supportive

to each other. According to Cottone, et. al. (1985), family counseling may assist the family in effective communication and may reduce any negative influences upon the rehabilitation effort that may have existed prior to, or as a result of the onset of the disability. Without an emphasis upon addressing family issues, persons with disabilities may not achieve successful rehabilitation outcomes as rapidly. It is beneficial to the rehabilitation counselor as well, because the rehabilitation counselor's role may be enhanced, as such an effort can "facilitate a partnership between the professional and the family," (Power, 1991). Promoting trust and rapport among individuals with disabilities and their families in the rehabilitation process provides the client with additional supports to achieve their overall goal.

Research (Power, et. al. 1991, and Cook, et. al. 1984), has shown that despite of the fact that there was a reported need for family involvement in the rehabilitation process, and that such involvement is beneficial to the client, the reviewed rehabilitation approach did not consistently encompass family involvement. Power, et. al. (1986) also noted that although coordinated family involvement in the rehabilitation process is recognized as potentially

beneficial by rehabilitation counselors, many professionals do not make an effort to include the family members in the process. It was also suggested that rehabilitation counselors may be discouraged by state agencies to incorporate the family as a result of a potential increase in cost to agencies in additional time and dollars. However, Arnold and Case (1993) indicated that families of persons with disabilities provide supports necessary to enhance the individual's quality of life and overall ability to reside in the least restrictive environment. This is of particular importance for persons with developmental disabilities, as the additional supports provided by family members may enable them to reside independently rather than in group homes, funded by state agencies. Lack of such supports for persons with disabilities may result in the individual's dependence upon public services, which are often less cost-effective and more restrictive than similar services and supports provided by the family. As a result, an effort on the part of state agencies to save dollars through the avoidance of the family in the rehabilitation process may actually impose a greater cost to both the client and the state agency over time.

In keeping with the Rehabilitation Act Amendments of 1992 guidelines, the Americans with Disabilities Act (1990), as well as the literature regarding the importance of family involvement in counseling, it would appear to be necessary and appropriate to address the need for an emphasis upon skills training in family issues for rehabilitation counselors. As legislation promotes the need for qualified rehabilitation counselors, equal access to community services and supports, as well as family support, and studies have indicated that family involvement can benefit the individual with a disability, failure to acknowledge this issue may be significantly detrimental to the rehabilitation process.

Scope of Research Problem

✱ This study is an extension of previous works (Garske, et. al. 1992; and Allen, et. al. 1996) in which job descriptions of entry level rehabilitation counselors in the state sector are compared to an adapted instrument used to measure reported knowledge importance in rehabilitation services (Leahy, et. al. 1993) to determine whether job descriptions reflect reported counselor knowledge areas considered to be important by Certified Rehabilitation Counselors working in the rehabilitation profession within

state rehabilitation agencies. This study will determine whether state agencies place an emphasis upon knowledge of family involvement issues as a required skill for a rehabilitation counselor.

CHAPTER TWO

Method

Procedure

Entry level job descriptions were requested and retrieved by mail, internet access, and facsimile transmission from each state rehabilitation agency in the United States. The fifty (50) state agencies were mailed letters requesting current job descriptions for entry level rehabilitation counselor positions in December (1996), March (1997) and April (1997). Telephone requests were made in April (1997) and May (1997) to those state rehabilitation agencies that did not respond to the written requests in December (1996) and March (1997). Thirty-eight (38) states submitted their job descriptions by mail, eleven (11) states submitted their job descriptions by facsimile transmittal, and one (1) job description was obtained via internet access. As in two previous works involving the examination of job descriptions for entry level rehabilitation counselor positions, job descriptions were examined for reported duties and knowledge areas of entry level rehabilitation counselors (Allen, Turpin, Garske & Warren-Marlatt, 1996; Garske and Turpin, 1992). The job descriptions were reviewed and analyzed, using an adapted version of the

instrument developed by Linkowski, Thoreson, Diamond, Leahy, Szymanski, & Witty (1993), and used by Szymanski, Leahy, & Linkowski (1993) to determine whether job duties listed on the rehabilitation counselor job descriptions concur with important duties indicated by Certified Rehabilitation Counselors in the field of rehabilitation counseling. The modified version of this instrument encompasses the family counseling practices and theories sub-components of the group/family issues component in the instrument. A panel of two second-year rehabilitation counseling graduate students and one Certified Rehabilitation Counselor, currently working in a related field, were used to review and analyze the job descriptions. As in the Allen, et. al. (1996) study, "entry-level" job descriptions for rehabilitation counselors were analyzed for keywords and phrases involving the family. A packet containing the job descriptions from each of the fifty (50) state rehabilitation agencies was given to each member of the panel for individual review. Each member reviewed the data independently, and determined whether state agency job descriptions referenced the family. There were no differences found among the raters' results. Results indicate that fourteen out of the fifty state agencies mention the family in the job descriptions.

CHAPTER THREE

Results

Fourteen (14) of the fifty (50) states addressed the family in job descriptions. The fourteen states include: Colorado, Delaware, Georgia, Iowa, Kansas, Massachusetts, Mississippi, Montana, New York, North Carolina, South Carolina, South Dakota, Virginia, and Wisconsin (Refer to Table 1).

Table 1.

Reference to Families in Job Descriptions per State Agency

STATE	P	NP	STATE	P	NP
Alabama		X	Montana	X	
Alaska		X	Nebraska		X
Arizona		X	Nevada		X
Arkansas		X	New Hampshire		X
California		X	New Jersey		X
Colorado	X		New Mexico		X
Connecticut		X	New York	X	
Delaware	X		North Carolina	X	
Florida		X	North Dakota		X
Georgia	X		Ohio		X
Hawaii		X	Oklahoma		X
Idaho		X	Oregon		X
Illinois		X	Pennsylvania		X
Indiana		X	Rhode Island		X
Iowa	X		South Carolina	X	
Kansas	X		South Dakota	X	
Kentucky		X	Tennessee		X
Louisiana		X	Texas		X
Maine		X	Utah		X
Maryland		X	Vermont		X
Massachusetts	X		Virginia	X	
Michigan		X	Washington		X
Minnesota		X	West Virginia		X
Mississippi	X		Wisconsin	X	
Missouri		X	Wyoming		X

Note. Presence (P) or Non-Presence (NP) of Family Issues per State.

Disc.

The results of the study conducted by Allen, et. al. (1996) indicated a greater number of states referred to either the family or group issues (or a combination of both) than did the results of the current study. Allen, et. al. (1996) noted that twenty-two state agencies referenced group/family issues, and the current study indicates that fourteen state agencies referenced family issues exclusively. * Although the current results indicate that fourteen state job descriptions referred to the family, it is unclear whether there has been any increase in the emphasis upon family involvement since the previous study, because the current study did not incorporate reference to groups. * A comparison of the data from the previous and current study indicates that there was a common reference to the family in eleven state agency job descriptions. As a result, there is a possibility that an increase in reference to the family occurred in three states since the previous study. However, in light of the focus of the Rehabilitation Act Amendments (1992) upon family involvement in the rehabilitation process, a greater emphasis upon families should have been evident in the current study, as the previous data was obtained in 1991, and the current data was obtained in 1996 and 1997. Rather, it appears that little

or no additional emphasis has been made on the part of state rehabilitation agencies to incorporate the involvement of the family in their job descriptions despite changes in legislation (refer to Table 2).

Table 2

Data Comparison of Presence of Group/Family Versus Family Reference in State Job Descriptions

STATE	1991 (Group/Family)	1996/1997 Data (Family)	STATE	1991 Data (Group/Family)	1996/1997 Data (Family)
Alabama			Montana		X
Alaska			Nebraska		
Arizona			Nevada		
Arkansas	X		New Hampshire		
California			New Jersey	X	
Colorado		X	New Mexico		
Connecticut			New York		X
Delaware	X	X	North Carolina	X	X
Florida			North Dakota	X	
Georgia	X	X	Ohio		
Hawaii			Oklahoma		
Idaho			Oregon	X	
Illinois	X		Pennsylvania		
Indiana			Rhode Island		
Iowa	X	X	South Carolina	X	X
Kansas	X	X	South Dakota	X	X
Kentucky	X		Tennessee		
Louisiana	X		Texas		
Maine	X		Utah		
Maryland	X		Vermont	X	
Massachusetts	X	X	Virginia	X	X
Michigan			Washington		
Minnesota			West Virginia		
Mississippi	X	X	Wisconsin	X	X
Missouri	X		Wyoming		

Note. 1991 data obtained from Allen, et. al. (1996).

dist. Although the current data indicates that fourteen state agency job descriptions referenced the family, the nature and extent of family involvement varied. The reference to their might be

the family in the job descriptions were divided into four categories: 1) instruction and information services; 2) maintenance of effective working relationships with families; 3) counseling and intervention services; and 4) rehabilitation planning. Instruction and provision of information were referenced in job descriptions from Colorado, Iowa, Massachusetts, and South Dakota. Maintaining working relationships was referenced in job descriptions from Delaware, Georgia, and Montana. Counseling and crisis intervention services were referenced in job descriptions from Colorado, Kansas, Mississippi, North Carolina, South Carolina, Virginia, and Wisconsin (refer to Table 3).

Table 3

Nature of Reference to the Family in Job Descriptions

S T A T E	I	I I	I I I	I V
C o l o r a d o	X		X	
D e l a w a r e		X		
G e o r g i a		X		
I o w a	X			
K a n s a s			X	X
M a s s a c h u s e t t s	X			
M i s s i s s i p p i			X	
M o n t a n a		X		
N e w Y o r k				X
N o r t h C a r o l i n a			X	
S o u t h C a r o l i n a			X	
S o u t h D a k o t a	X			
V i r g i n i a			X	
W i s c o n s i n			X	

Note. I = Instruction and Information Services; II = Maintenance of Working Relationships; III = Counseling and Intervention Services; and IV = Rehabilitation Planning.

CHAPTER FOUR

Discussion

Despite the abundance of compelling research in support of the involvement of the family in the rehabilitation process, as well as federal legislation mandating the incorporation of such family involvement, less than one-third of the nation's state rehabilitation agencies consider this issue substantial enough to warrant reference on job descriptions as important knowledge areas for entry level rehabilitation counselors. The implications of this will be discussed in the following section.

The findings of this study must be interpreted with caution. Fourteen of the fifty state rehabilitation agencies' job descriptions referenced the family; however, the extent of expected counselor knowledge in relation to family issues varied among the different states. The four common categories referred to in the job descriptions involved the family in reference to the provision of 1) instruction and information services; 2) maintenance of effective working relationships with families; 3) counseling and intervention services; and 4) rehabilitation planning. However, several job descriptions incorporated the term "family" with very little reference to the extent of

family's involvement. As a result, although there may be reference to the family in the job description in some capacity, the scope of the actual expected counselor knowledge is unclear. Furthermore, in reference to the Allen, et. al. (1996) study involving a review of job descriptions and actual duties reported by Certified Rehabilitation Counselors, twenty-two (22) out of the fifty (50) state agencies made reference to group or family issues in their job descriptions. Although it is unclear whether each of the twenty-two (22) states include family issues in the job descriptions, it is apparent that little or no progress in relation to the emphasis upon the importance of families has been made.

Because research has indicated that there is a need for the association of the family in the counseling process, it is alarming that merely fourteen out of the fifty state rehabilitation agencies consider family involvement in the rehabilitation process to be of enough importance to incorporate it in the minimum requirements of in a job description. It is considerably more concerning that, although rehabilitation counselors may concur that family involvement can be beneficial to the rehabilitation effort, state agencies may discourage such an emphasis because of

the potential cost in time and dollars (Power, et. al. 1986). The potential cost to the individual participating in the rehabilitation effort with an unacknowledged, non-supportive, family may outweigh the perceived costs to the state agencies.

The premise of landmark acts, such as the Rehabilitation Act (1973) and the Americans with Disabilities Act (1990), was to enable persons with disabilities to claim their inherent right to succeed in their endeavor to live as independently as possible within their community. Lack of emphasis upon family involvement on the part of the rehabilitation agency impedes this premise, and is concerning, as State Rehabilitation Agencies are expected to be the forerunners in implementing such legislative efforts. Research has shown that coordinated family involvement assists persons with disabilities in their movement toward achieving their goals; whereas, lack of intervention with families may impede the entire process, resulting in the individual's continued need for support from the public agency (Power, et. al. 1986). Such a forced-dependency of persons with disabilities upon a public system reflects the archaic emphasis upon mass institutionalization of persons with disabilities and

contradicts the notion of dignity, equality, independence, and community integration that many Americans without disabilities take for granted on a daily basis. In addition, with the current emphasis by the nation's legislators upon "old fashioned" family values in relation to support, responsibility, and intact family units, it is contradictory to disregard the potential benefits of family involvement in the rehabilitation process. Such ignorance may contribute to significant family conflict, and may result in the overall deterioration of the family as well as a difficult rehabilitation process.

A limitation of this study is the inability to determine the intended scope of counselor knowledge in relation to family involvement by those states that referenced families in their job descriptions. A study assessing the extent to which state rehabilitation agencies address and incorporate family issues in the rehabilitation process is appropriate to determine an actual need for an increased emphasis upon family involvement.

The present study addresses the contradiction between research and legislation versus actual emphasis upon the involvement of family issues in the rehabilitation process by state rehabilitation agencies. Actual services provided

with family involvement in rehabilitation services, as well as the training needs for rehabilitation counselors regarding the family are in need of further exploration.

Conclusion

Although research has shown that family involvement in rehabilitation counseling can be beneficial to the client, and legislative acts are in support of such involvement, state agencies do not appear to consider this element to be significant enough to be considered a required skill or knowledge area for entry level rehabilitation counselors. The concern that additional time and dollars may be required in the event that the rehabilitation counselor involves families in the rehabilitation process may be minuscule in relation to the potential detriment to the success of the client. Such a lack of emphasis upon family involvement may require costs in excess of those incurred through the involvement of the family, and may result in the individual's extended dependency upon the state agency.

APPENDIX A: STATE AGENCY CONTACT DIRECTORY

ALABAMA: Department of Rehabilitation Services, P.O. Box 11586, Montgomery, Alabama 36111-0586

ALASKA: Department of Education, 801 West 10th Street, Suite 200, Juneau, Alaska 99801-1894

ARIZONA: (602)271-9596, Rehabilitation Services Administration, 1789 West Jefferson, 2nd Floor, North Wing, Phoenix, Arizona 85007

ARKANSAS: Department of Human Services, Rehabilitation Services, P.O. Box 3781, Little Rock, Arkansas 72203

CALIFORNIA: Department of Rehabilitation, 830 K Street Mall, Sacramento, CA 95814

COLORADO: (303)866-2667, Department of Natural Resources, Human Resources Office, 1313 Sherman Street, Room 415, Denver, Colorado 80203

CONNECTICUT: Division of Rehabilitation Services, Ten Griffin Road, North Windsor, Connecticut 06095

DELAWARE: Vocational Rehabilitation, P.O. Box 9969, Wilmington, Delaware 19809-0969

FLORIDA: Division of Vocational Rehabilitation, Building A, 2002 Old Saint Augustine Road, Tallahassee, Florida 32399-0696

GEORGIA: Vocational Rehabilitation, 2 Peachtree Street, 23rd Floor, Atlanta, Georgia 30303

HAWAII: (808)586-5355, Department of Human Resources, Classification Branch, 2335 South Beretania Street, Building 235, Honolulu, Hawaii 96813

IDAHO: Idaho Division of Vocational Rehabilitation, P.O. Box 83720, Boise, Idaho 83720-0096

ILLINOIS: Illinois Department of Rehabilitation Services, P.O. Box 19429, Springfield, Illinois 62794-9429

INDIANA: Indiana State personnel Department, 402 West Washington Street, Room W-61, Indianapolis, Indiana 46204-2261

IOWA: Division of Vocational Rehabilitation Services, Department of Public Instruction, 610 East 12th Street, Des Moines, Iowa 50319

KANSAS: Kansas Department of Social and Rehabilitation Services, Biddle Building 300, S.W. Oakley, Topeka, Kansas 66606-1995

KENTUCKY: Department of Vocational Rehabilitation, 209 St. Clair, Frankfort, KY 40601

LOUISIANA: State of Louisiana Department of Social Services, Division of Human Resources Administration, P.O. Box 3776, Baton Rouge, Louisiana 70821

MAINE: Department of Administration, Bureau of Human Resources, State Office Building, Room 214, 4 State House, Augusta, Maine 04333-0004

MARYLAND: Maryland State Department of Education, Division of Rehabilitation Services, 2301 Argonne Drive, Baltimore, Maryland 21218

MASSACHUSETTS: Massachusetts Rehabilitation Commission, 27-43 Wormwood Street, Suite 600, Boston, Massachusetts, 02210-1606

MICHIGAN: (517)335-1343, Michigan Jobs Commission, Vocational Rehabilitation, Human Resources, Victor Office, 201 North Washington, Lansing, Michigan 48913

MINNESOTA: (612)296-5622, State Services for the Blind and Visually Handicapped, 1745 University Avenue West, St. Paul, Minnesota 55104-3690

MISSISSIPPI: Rehabilitation Services (601)853-5235

MISSOURI: Division of Vocational Rehabilitation, 3024
W. Truman Boulevard, Jefferson City,
Missouri, 65109-0525

MONTANA: (406)248-4801, Department of Public Health
and Human Services, P.O. Box 4210, Helena,
Montana 59604-4210

NEBRASKA: (402)471-3231, State of Nebraska, Department
of Public Institutions, Rehabilitation
Services, 1313 Farnam on the Mall, Omaha,
Nebraska 68102-1822

NEVADA: (702)687-4570, Department of Vocational
Rehabilitation, Personnel Department, 209 E.
Musser, Carson City, Nevada 89701

NEW MEXICO: Department of Education, Division of
Vocational Rehabilitation, 435 St. Michaels
Drive, Building D, Santa Fe, New Mexico
87505

NEW HAMPSHIRE: Department of Education, Vocational
Rehabilitation, 78 Regional Drive, Building
2, Concord, New Hampshire 03301

NEW JERSEY: <http://www.state.nj.us/personnel>, (609)292-
7318

NEW YORK: Vocational Rehabilitation Services, NYS
Department of Civil Service, The W. Averall
Harriman NYS Office Building Campus, Albany,
New York 12239

NORTH CAROLINA: Department of Human Resources, Division of
Services for the Blind, P.O. Box 26053,
Raleigh, North Carolina 27611-6053

NORTH DAKOTA: Department of Human Services, 600 S. Second
Street, Suite 1A, State Capitol-Judicial
Wing, Bismarck, North Dakota 58504-5729

OHIO: Rehabilitation Services Commission, 400 E.
Campus View Boulevard, Columbus, Ohio 43234-
4604

OKLAHOMA: Sequoyah Memorial Office Building, P.O. Box 25352, Oklahoma City, Oklahoma 73125

OREGON: (503)945-6211, Department of Human Resources, Vocational Rehabilitation Division, Personnel, P.O. Box 14155, Salem, Oregon 97310

PENNSYLVANIA: Commonwealth of Pennsylvania, Department of Public Welfare, P.O. 2675, Harrisburg, PA 17105-2675

RHODE ISLAND: Vocational Rehabilitation, 40 Fountain Street, 3rd Floor, Providence, Rhode Island 02903-1844

SOUTH CAROLINA: South Carolina Vocational Rehabilitation Department, P.O. Box 15, West Columbia, South Carolina 29171-0015

SOUTH DAKOTA: Bureau of Personnel, Department of Executive Management, 445 E. Capitol, Anderson Building, Pierre, South Dakota 57501-3185

TENNESSEE: Department of Human Services, 400 Deaderick Street, Nashville, Tennessee 37219-5456

TEXAS: (512)424-4320, Texas Rehabilitation Commission, Human Resource Management, Central Office, 4900 North Lamar Boulevard, Austin, Texas 78751-2316

UTAH: (801)538-7530, Vocational Rehabilitation, Department of Human Services, 120 North, 200 West #201, Salt Lake City, Utah 84103

VERMONT: Agency of Human Services, Office of the Secretary, 103 South Main Street, Waterbury, Vermont 05671-0202

VIRGINIA: Department of Rehabilitative Services, P.O. Box K300, Richmond, Virginia 23288-0300

WEST VIRGINIA: West Virginia State Board of Rehabilitation, Division of Rehabilitation Services, State Capitol, P.O. Box 50890, Charleston, West Virginia 25305-0890

WASHINGTON: (360)438-8010, Department of Social and Health Services, Division of Vocational Rehabilitation, P.O. Box 45340, Olympia, Washington 95804

WISCONSIN: (608)243-5600, Vocational Rehabilitation Department, P.O. Box 7852, Madison, Wisconsin 53707

WYOMING: Vocational Rehabilitation Department, 2001 Capitol Avenue, Cheyenne, Wyoming 82002

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