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An analysis of the training needs of vocational rehabilitation counselors in New England

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AN ANALYSIS OF THE TRAINING NEEDS OF VOCATIONAL REHABILITATION COUNSELORS IN NEW ENGLAND

Submitted by

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A study of this nature is seldom an individual effort. The planning and structuring, the locating and securing of data, the making of decisions, and much more that is not apparent in the completed project, is the result of group cooperation.

The writer wishes gratefully to acknowledge the interest shown by so many busy people by their contributions of time and effort, without which the study would have been impossible. Special appreciation is due to consultants in the field, to the respondents who contributed so generously of their experience and suggestions, and to officers and Board of Directors of the Massachusetts Tuberculosis and Health League whose financial and advisory assistance has been invaluable.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

STATEMENT OF THE PROBLEM

1. Nature and Need of the Study

Purpose of the Study. -- It is the purpose of this study to determine the extent of the need for an organized training program on the graduate level for vocational rehabilitation counselors. Specifically, the study proposes to discover:

1. The nature of professional training which a selected group of vocational rehabilitation counselors in the New England area would like to develop through further education.
2. The extent of their personal interest in securing such training through university study or extension courses.

Factors contributing to the problem. -- The problem of developing adequate training facilities for vocational rehabilitation counselors has been and is one of current concern to those connected with any phase of rehabilitation. It has been intensified and complicated by the increase in the number of handicapped persons, the difficulty of developing standards for training workers and the large number of currently employed counselors possessing various and limited patterns of preparation.

Estimates on the number of handicapped individuals throughout the country vary according to the definition of

the term handicapped. However, there are at least 8,000,000 handicapped persons, 16 years of age and over, who now have or will have difficulty in securing and maintaining employment. These are disabled to the extent of requiring rehabilitation services, and many thousands are added each year.

In order that these citizens may become self-supporting and that they may make the necessary adjustment toward understanding themselves and their disability, society spends millions of dollars annually through government agencies and private auspices. The war years and those that followed increased the national consciousness of the needs of these people. A greater appreciation and understanding of their problems has resulted, as well as an awareness of the large social and financial costs to society by supporting large numbers of unemployables.

A great many doctors, nurses, physiotherapists, occupational therapists, psychiatrists, social workers, psychologists, speech pathologists, teachers and counselors are already employed by rehabilitation agencies. However, it is the uniform experience of all the organizations employing them that there exists an acute shortage of trained personnel for such positions as rehabilitation agents, field workers, vocational rehabilitation counselors, interviewers, placement workers, general counselors, supervisors, and administrators. Rehabilitation agencies have recruited personnel from such marginal fields as teaching, nursing, psychology and social

work because their training provides them with some understanding of the problems of the handicapped. Nevertheless, the increasing volume of services rendered to and needed by the handicapped as well as the extreme shortage of trained personnel, has made it necessary to employ many others with little or no professional training.

Preparation of present personnel. -- Recruited as they have been from these marginal fields, the background and training of those presently employed as rehabilitation counselors varies greatly, and is often insufficiently related to their present responsibilities and duties. Though most of them possess a bachelor's degree from some accredited institution, the amount of specific training obtained in rehabilitation leaves much to be desired. This is in part due to the fact that nowhere in New England is there an organized graduate program of training at the university or college level which is specifically set up to meet the educational and training needs of vocational rehabilitation counselors.

An effort has been made by some of the major colleges and universities in New England to meet this serious shortage of trained personnel. Courses related to the training of rehabilitation workers, some of which are of definite value to counselors, have been set up and are currently offered to meet the most pressing needs of these workers. Such schools as Clark University in Worcester, Springfield College in the western part of the state, and Harvard, Northeastern, Radcliffe,

Simmons, Tufts, Wellesley, and Boston University in the Boston area do have courses related to certain phases of preparation of rehabilitation counselors. None, however, offers a graduate curriculum expressly designed to meet the needs of these workers, consequently the shortage of professionally trained personnel continues while the needs of the handicapped increase.

The need for further training of workers has been increasingly noted and the following comment is typical of the feeling being expressed in the literature:

> "The handicapped have the right to expect professional services in the amount required and of the highest competency to assist them toward rehabilitation into employment. In order to meet this challenge, persons engaged in rehabilitation work must be continuously increasing their knowledge of physical, mental and social illness, of what is needed to minimize the effects of severe disablements, of the psychological and physical effects of accidents and disease, and, of new methods and techniques to achieve vocational adjustment of disabled persons."1/

The range of the counselor's duties. -- The job of vocational rehabilitation counselor covers a great variety of activities. Some of these include helping the individual and his family to adjust both emotionally and socially to his handicap; recognizing the need for and knowing where to obtain the services of specialists in such allied fields as medicine, psychiatry, psychology, occupational therapy, and case work;

1/ "Introduction," A Guide for State Rehabilitation Agencies in the Establishment of Libraries and Occupational Information Files, Federal Security Agency, Office of Vocational Rehabilitation, Washington 25, D. C., May 1, 1950.

assisting the individual in making a suitable occupational choice; finding the proper training facilities, and placement of the individual in a job from which he can derive maximum satisfaction and happiness; and helping the individual to adjust to his environmental circumstances. He must be familiar with the limitations imposed by every type of disability, must recognize symptoms of maladjustment, must know and use as many of the community services as possible, and must know how to deal effectively with the client, his family, employers, and officials of public and private agencies as well as the general public. His training, then, must necessarily be broad and comprehensive. Consequently, there is a grave need for a program which would be expressly designed to meet the extensive needs of these people who daily face the challenge of assisting the disabled members of the community to become useful, self-supporting and contributing members of society.

Problems encountered in evolving an adequate training program. -- In considering a program designed to meet the needs of people engaged as rehabilitation counselors a multitude of curriculum and other problems present themselves. Not the least important is the setting of boundaries on the training such a program should cover. Basic issues remain to be resolved. Should rehabilitation be regarded as a distinct discipline, or should the emphasis be placed on rehabilitation counseling? Should it be connected with social work, education or psychology, or should it simply attempt to

introduce a sequence of courses as part of an already established major instead of making it an independent core?

It was felt that these problems related to the nature and scope of training were not likely to be defined or answered without the help of the people now engaged in vocational rehabilitation counseling. Therefore, an inquiry form was chosen as the most appropriate means of securing information about the types of competencies and skills to be developed through such a program. The next problem was how best to reach the people most vitally concerned.

2. Scope and Procedure

Scope and limitation of the study. -- The study is primarily directed towards ascertaining the educational needs of vocational rehabilitation counselors. Investigation disclosed that the success of the counseling process depends upon much more than the understanding and skill of the counselor. Though these are primary requisites, successful counseling also depends upon the cooperation of a few very closely related fields. These fields in turn directly affect the kind of training the vocational rehabilitation counselor should receive. For example, doctors in physical medicine are very close to the disabled, and they expect the counselor to possess certain basic knowledge and skill in interpreting medical information. Also the psychologists expect the counselor to administer and interpret the results of psychological tests so that when necessary the client can

be referred to the right agency. This relatedness is bound to affect not only the type of counseling the rehabilitation counselor can perform but also the type of training he should receive.

Consequently in ascertaining the areas of training which are most needed by vocational rehabilitation counselors, it was felt that the opinions and views by those employed in such closely allied areas as doctors in physical medicine, employment counselors, occupational therapists, physical therapists, and social work consultants, would be valuable in a study of this kind. Hence a selection from each of these groups was included in the population surveyed. The inquiry then attempts to reach every vocational rehabilitation counselor in the New England area as well as a selected group of workers closely connected with vocational rehabilitation. In the absence of an official directory, every agency known to employ rehabilitation counselors was contacted for the purpose of identifying the population to be surveyed. It is realized that there may be some important oversights, but a sincere attempt was made to include in the mailing list every qualified person in the New England area.

Every effort was made to list in the final inquiry form as many of the important areas of needed training as possible. Those consulted were invited to make further comments or suggestions. It was hoped to extend and enrich the listing by including the worker's personal experiences and knowledge of the field. The limitations of the study with respect to scope

and content may be summarized as follows: (1) only workers in the New England area are considered; (2) although as many rehabilitation counselors as possible were contacted as well as a selected group from allied fields it is recognized that the list may be incomplete; (3) with respect to the actual content the inquiry suffers from the inherent weaknesses of all such survey instruments -- conciseness at the expense of completeness. It does not propose to set forth or to discover all the elements for a program of training for these counselors. It does set forth, however, a series of competencies that are believed to be required by, and important to, all rehabilitation counselors.

Procedure. -- The survey instrument selected was an inquiry form plus a covering letter explaining the purpose of the study. The inquiry form consisted of two sections. Section I covered eight of the areas of training considered to be most vital to the rehabilitation counselor. Section II sought to determine the personal interest the counselor had in availing himself of further training should it be made available through university or extension courses. Adequate space for comments was provided and the counselor was encouraged to sign his name to the questionnaire if he wished to know the result of the study.

All agencies known to employ rehabilitation counselors were contacted either in person or by letter for the purpose of securing a mailing list. A total of 559 inquiry forms, a covering letter explaining the purpose of the study, and a

stamped, self-addressed envelope were mailed out during the week of February 18, 1952 to rehabilitation workers throughout the six New England states.

A detailed description of the procedure follows in Chapter II. The results and findings of the study are discussed in Chapters III and IV. Summary, comments and suggested areas for further study follow in Chapter V.

CHAPTER II

PROCEDURE FOR COLLECTING DATA

1. Preparation of the Inquiry Form

Scope of the survey instrument. -- The first major problem encountered in the preparation of the survey instrument was to determine the areas of training to be presented for the consideration of those surveyed and the kinds of competencies that should be included in each broad area. To secure the kinds of data which would furnish the best information about the skills and competencies needed and desired by vocational rehabilitation workers, it was decided to draft and mail out as simple a questionnaire as possible. The final form was designed to determine: (1) areas of training most needed by these workers; (2) the degree to which the need for further training is felt among these workers; and (3) their personal interest in securing such training if it were made available at a convenient university or through extension courses.

Sources of information on training needs. -- The literature available on the training of vocational rehabilitation workers was found to be very limited in the identification of competencies which could be presented in the inquiry form. The paucity of this literature made it necessary to consult and secure the cooperation of interested people in the field who gave unstintingly of the benefit

of their experience. They were extremely helpful in outlining those areas of knowledge which come within the scope of rehabilitation counseling, and which would be vital in setting up a training program.

Another helpful source in deciding the areas of training which such a program should include were the recommendations for such a program made by the Committee on Personnel Standards and Training at the conference of the National Rehabilitation Association held in New York in October, 1950.[1/]

In its report the Committee set forth the following skills required for optimum service to clients:

1. Ability to establish and maintain a counseling relationship including an understanding of the importance of the client's view and duties throughout his rehabilitation, and ability to relate the counselor's own and other professional skills to the client as a person.

2. An understanding and acceptance of human behavior and motivation and of environmental factors which may condition them.

3. Evaluation of personality characteristics, skills, aptitudes, interests, and capacities in their physical, mental and emotional implications.

4. Specialized knowledge of physical and psychological handicaps.

5. Knowledge of the nature of job requirements, trends, opportunities and markets, of preparation and training facilities, and of sources of such information.

6. Familiarity with employment procedures in all fields and ability to relate them to the needs of both client and industry.

1/ "Personnel Standards and Training," Journal of Rehabilitation, Washington, D.C., May-June, 1951, Vol. XVII, No. 3.

7. Ability to develop and utilize those community resources which can assist the client in his total rehabilitation.

8. Ability to create in the community an improved understanding of total rehabilitation and its relationship to education, health and welfare services.

Further suggestions on areas of training were included in a group of recommendations made by this same Committee when it met the following year (October 9, 1951) in Washington, D. C., for the sole purpose of discussing the preparation of rehabilitation counselors. In its report this Committee urged that the National Rehabilitation Association consider and adopt "as a further step toward making such preparation possible in the universities" such areas of training as:

Societal attitudes and other environmental factors

Study of personal, social, and vocational problems of the handicapped individual.

Rehabilitation as a concept of integrated services.

Medical implications for rehabilitation counselors, including anatomy, physiology, and pathology of human systems, physical reconstruction, restoration and adaptation, psychiatric implications in rehabilitation.

Adaptation of occupational information to rehabilitation counseling, including job analysis, placement and follow-up techniques.

Critical analysis of rehabilitation cases in various settings.

Adaptations of psychological testing for the handicapped their evaluation and use by the rehabilitation counselor.

Orientation in generic principles of social casework applicable to rehabilitation.

Special methods for vocational adjustment for the handicapped including disability evaluation, work evaluation,

job tryouts, personal adjustments, training, vocational training, work efficiency of the handicapped.

Study of operating programs and resources applied to various disabilities, e.g., crippled children, the tuberculous, the blind.

Research and evaluation of research methods.

Still other items related to training needs were contained in a report entitled : "Qualifications Needed for Rehabilitation Consultants and the Duties entailed as set up by the National Tuberculosis Association", which states as follows:

> "The rehabilitation consultant must be well equipped with information about tuberculosis. Training and experience in any of the following fields is a valuable asset:
>
> (a) applied psychology, particularly in the fields of tests measurements and guidance;
> (b) teaching particularly at adult levels;
> (c) social case-work particulary when disability of disease is a factor in securing the social-economic rehabilitation of the client;
> (d) medical social work;
> (e) occupational therapy;
> (f) personnel service, placement or job analysis, particularly in the study of the physical demand of the job. Experience in cooperative relationship of community agencies is valuable and is most important when it has included such groups as labor, industrial fields of education and social health agencies.

2. The Initial Inquiry Form

Analysis of the original survey instrument.-- The survey form which was used to collect the data went through a series of revisions. The recommendations listed above were discussed with various people in the field of rehabilitation. These, plus the constructive criticism and suggestions received by workers in the field provided the basis for the initial inquiry

form (appendix A) and the letter of explanation (appendix B) which accompanied it. Section I of this inquiry requests that the counselor check "yes" or "no" to the question--"Are you interested in securing organized university sponsored training leading to greater competence in vocational rehabilitation?" If his response to this question was affirmative he was invited to check his preferences and to complete the rest of the inquiry. If it was negative, he was under no obligation to complete it. In this way it was hoped to secure the opinions only of those fully aware of the need for organized university sponsored courses and interested in improving their effectiveness as counselors through further training. At the same time, by eliminating the disinterested, it would be possible to ascertain just how many of the respondents were interested in further academic training.

Section II included sixteen major items which both the literature and the field consultants considered vital and necessary in the performance of vocational rehabilitation counseling. The counselor was invited to check once the kinds of training he would like to gain through university study, and to check twice the kinds of training for which he felt the greatest need. Space was provided for any additional suggestions he might wish to offer which would improve a program designed to meet his needs.

The remaining parts of the inquiry form sought to determine

the counselor's personal interest in the program as follows: Interest in earning academic credit through course and field work to apply to a degree program, and the particular degree in which he would be interested; the approximate date he might wish to commence training and whether it would be on a part-time or full-time basis; the number of course he might want to carry; and his interest in extension courses if offered in the area of his needs and within commuting range of his work.

The entire inquiry was constructed from the point of view that the basic aim of all vocational rehabilitation counselors is to assist the disabled to come to some understanding of himself and his disability, to help him to obtain and retain the type of employment best suited to his mental and physical capacities, and to enable him to be a well-adjusted and contributing member of society. The items included represent those which would help the counselor to best achieve such objectives. The items were not chosen exclusively as the basis for a training curricula.

3. Results of the Trial Inquiry Form

Population covered and returns.-- The initial inquiry together with a covering letter of explanation and a self-addressed envelope was mailed out to sixteen vocational rehabilitation counselors employed by affiliates of the Massachusetts Tuberculosis and Health League. These were selected at ran-

dom throughout the state, but all were qualified rehabilitation counselors. Fourteen of the sixteen forms were returned fully completed within two weeks. The detailed results of this trial run are shown in the appendix. Appendix C shows the items of training for which the greatest need was felt. Appendix D shows the degree of personal interest in obtaining academic credit through courses at a university level or on an extension basis. Appendix E shows the approximate date training was desired and whether it would be on a part-time or full-time basis. Appendix F shows the study loads which could be conveniently carried. Since this data is limited to a few respondents and is incorporated in the final instrument, it is not discussed in detail here.

The proponderance of items to which there was no response was puzzling, particularly in view of the fact that these same items were least checked for "Greatest Need." In interpreting the results of this trial inquiry it became clear that it was too general and superficial to be valid in setting up a program to meet the needs of vocational rehabilitation workers. It was also clear that the instrument had a number of weaknesses and that drastic revision was necessary.

4. The Final Inquiry Form

Basis for revisions.-- Though the response to the trial inquiry was considered adequate, analysis of the results and the comments contributed by the respondents revealed certain

weaknesses in the phraseology, the categorizing of training items, and the format of the instrument itself. Also, the number of items to which no response was made indicated possible ambiguity, and suggested that they were stated in too general a manner to be of any value in setting up a program.

Section 1 of the final inquiry form. -- The sixteen items presented in the initial inquiry form were grouped into eight broad areas of training as follows:

1. Interviewing
2. Understanding human behavior specifically in terms of the handicapped
3. Interpretation of Medical Information
4. Psychological Tests to assist in understanding of the handicapped
5. Occupational and educational information
6. Locating and using community resources
7. Knowledge of legislation pertinent to rehabilitation
8. Techniques of supervision

Each of these areas was broken down according to the major skills and techniques required for its effective performance. This resulted in the designation of forty-three specific items, which the counselor was asked to check according to the directions given on Page 1 of the form (Appendix G), as follows:

(a) Place a check mark in COLUMN 1, opposite those items suggesting the kinds of further education for which you feel the MOST need.

(b) Place a check mark in COLUMN 2, opposite those items suggesting the kinds of education for which you feel a need, but which are less pressing than those checked in COLUMN 1.

(c) Place a check mark in COLUMN 3, opposite those items suggesting the kinds of education which you have needed, but have already provided for through courses or other training.

(d) Place a check mark in COLUMN 4, opposite those items suggesting kinds of competencies for which you have little or no need at present.

The first two directions were included to distinguish between most needed and less needed items, since in all probability inception of the program would occur in gradual stages, starting possibly with those items considered to be most needed and gradually extending out to the others as the program developed. Direction (c) was included in recognition of the fact that some universities do offer courses related to vocational rehabilitation, and that many counselors already have taken advantage of this service to improve and perfect their skills. However, it does not imply that there is no need for an item checked in this manner, or that the item should be excluded from any proposed program intended to meet the needs of vocational rehabilitation counselors. Direction (d) was included in recognition of the fact that items considered essential by the writer and her consultants might not be so at all in the field and to one performing as a rehabilitation counselor.

In revising the instrument, every effort was made to avoid ambiguities and generalities. Section I of the initial inquiry was eliminated since it prevented interested persons with broad experience but no desire for further training from expressing what could be valuable ideas. The participant was encouraged to express any additional suggestion or opinion he might have about each of the areas on the inquiry form. Special lines were provided for this after each category.

Following area 8 he was asked to comment on further areas of training which he would like to see included in a comprehensive program of education and training.

The format of the inquiry was changed somewhat so that four columns were provided and a separate page of directions was added.

Section II, of the final inquiry form. -- This part was found to be fairly adequate and very few additions or revisions were made. However, since Boston University School of Education offers a Certificate of Advanced Graduate Specialization for thirty hours of graduate credit beyond the Master's degree, provision was made in question 2 for those who might be interested in working for this certificate. An additional line was inserted to include this item.

In conclusion the participant was asked to sign his name in the space provided, if he wished to be notified of the findings of the study.

The revised inquiry form was discussed in the writer's Guidance Seminar as well as with the field consultants. Some suggestions were made in the re-wording of various items but no major revisions were suggested. Accordingly, the approved form was mimeographed and prepared for distribution.

5. Compilation of the Mailing List

Selection of the group to be surveyed. -- The problems of compiling a suitable mailing list had various aspects. It was first necessary to identify those persons actually employed as vocational rehabilitation counselors as well as

by whom and where they are employed. In doing so, it was necessary to recognize that in the absence of established criteria as to exactly what is a vocational rehabilitation counselor, the names forwarded by the various organizations necessarily represent their own interpretation of the term. Also, it was important to acknowledge that though the attainment of the goal of total rehabilitation draws heavily on the service of counseling, it requires the participation of allied professions. It is not enough that the counselor work with the handicapped, but that he also understand and appreciate the contributions of the medical doctor, the occupational therapist and the physical therapist, the employer, and others involved in the total rehabilitation of the client. In a total survey of the educational needs for a training program intended for vocational rehabilitation counselors, it was felt that the opinion of those engaged in those professions and occupations most closely allied to it would be valuable. It was decided to include in the mailing list a selected group of doctors in physical medicine, occupational therapists, physical therapists, employment counselors and social work consultants.

Sources consulted for names on mailing list. -- The problem of compiling the mailing list was complicated by the fact that there is no directory of vocational rehabilitation personnel in New England. Though there is a National Vocational Rehabilitation Association, its membership includes personnel engaged in all phases of rehabilitation. The mail-

ing list was compiled with the cooperation of the Massachusetts Tuberculosis and Health League, mainly through its Rehabilitation Director, Mr. David Bowers, and the Regional Representative of the Regional Office of Vocational Rehabilitation of the Federal Security Agency, Mr. Vlad F. Ratay. It was found that the main agencies employing rehabilitation counselors were the various regional state offices of Vocational Rehabilitation of the Federal Security Agency, the State Agencies for the Blind, the Veterans Administration, the various state offices of Employment Security, and the Tuberculosis and Health League. Other agencies such as the Societies for Crippled Children and Adults, the New England Rehabilitation Center, the Rehabilitation Center of the Liberty Mutual Insurance Company, and the Rehabilitation department of the American Mutual Life Insurance Company purchase most of their rehabilitation services from allied professions though some do employ a few counselors, doctors, occupational therapists and physical therapists.

All these agencies were contacted, either by letter or in person. The purpose and scope of the study was explained and their cooperation was sought in compiling a list of the names and place of employment, or addresses of vocational rehabilitation counselors which would be representative of the entire New England area. All agencies approached were most cooperative and helpful, not only in providing the names and addresses of these workers, but in being enthusiastic about the study itself.

The American Mutual Life Insurance Company furnished a list of Doctors in Physical Medicine, Occupational Therapists and Physical Therapists, whose services they use throughout the New England area. The rehabilitation center of the Liberty Mutual Insurance Company also made available a list of their personnel engaged in rehabilitation work which included counselors, therapists and doctors. The total list was derived from these two sources. It was too long to use in its entirety so a group was selected on a geographic basis. This group of 148 favors the states of Massachusetts, Rhode Island and Connecticut since the majority were located in these areas.

The completed mailing list included 86 counselors from the various offices of the Veterans Administration, 72 from the State Office of Vocational Rehabilitation of the Federal Security Agency, 24 from the State Agencies for the Blind, 147 from the state offices of the Division of Employment Security, 55 from the various affiliates of the Tuberculosis and Health Associations, 109 Occupational Therapists, 21 Physical Therapists, 18 Doctors in Physical Medicine, 21 Social Work Consultants, and 6 unclassified counselors who are employed by various hospitals and could not be placed in any of the above categories. A total of 559 names of rehabilitation workers throughout the six New England states comprised the final list.

5. Nature of the Response

An analysis of the mail returns. -- Throughout the week of February 18, 1952, 559 inquiry forms together with covering letters and stamped, self-addressed envelopes were mailed out to all names on the mailing list. By the end of the week of February 25, 105 had been returned properly completed. A follow-up post card was mailed out on March 12 (see Appendix H). Appendix I shows the rate of response, while Table 1 shows the nature of the response.

Table 1. Nature of Total Response

Returns		Total
Forms Returned Completed		
By those qualified as counselors		249
Forms Returned Uncompleted		
By those unqualified as counselors	17	
By those unqualified as counselors but with letter endorsing program	24	
By reason of incorrect addresses	14	
Because inquiry was too long	2	
Lack of interest	1	
Total		58
		307

Table 1 shows clearly the number of responses included in the final tabulation and the reason some responses were excluded. It can be seen that at least 55 per cent of the total 559 inquiries sent out were returned in some form or another. Appendix J shows an analysis of these responses according to the states sent, and the place of employment of the rehabilitation workers.

It is interesting to note that of the 148 inquiry forms sent to physical therapists, occupational therapists and doctors in physical medicine, only 64, or 43 per cent were returned. Of these, Table 1 shows that at least 41 were returned for such reasons as the recipient did not consider himself a fully qualified rehabilitation counselor. Thus 64 per cent of the total returns in this group constitute inquiry forms returned for valid reasons. As many as 24 took the time and effort to write letters explaining their place in the total rehabilitation program and endorsing a program of training. Two such letters are quoted below, the first from an occupational therapist:

> "I have worked in several hospitals throughout New England and from my contacts with vocational rehabilitation would say that this survey should be of considerable assistance to all concerned.
>
> Although as Chief of Occupational Therapy, I am vitally interested in the rehabilitation of our patients, no vocational rehabilitation is carried on by personnel here at the hospital. All of that work is done by personnel at our regional office, whom I believe are already on your list. I am returning the enclosed form as it may be of use to someone else. Best wishes for the successful completion of your survey."

Another from a doctor in physical medicine reads as follows:

> "I have been particularly interested in the questionnaire which you have submitted for reaction and feel that it could be of definite value in assisting in the planning for possible specific training for vocational counselors. I do feel that the vocational counselor is an extremely important member of the rehabilitation team and the better understanding he has of the problems faced by the disabled individual the better the program of rehabilitation can be.

> From our standpoint, the interpretation of medical information and psychological tests to assist in the understanding of the handicapped individual are the areas we would like to see emphasized in such training. I would further like to suggest that should such training become available at Boston University definite plans be considered for clinical observation at least so that the students might have the benefit of this approach to a better understanding of the problems of the handicapped individual and what they have to go through in this physical rehabilitation training in order to accomplish development to the "hilt of their capacity."
>
> I have not filled out the questionnaire per se because this seems to pertain to the vocational counselor directly rather than to a physician or administrator."

Table 2 shows an analysis of the mail returns excluding those inquiries sent and received from employment counselors and social work consultants as well as the groups mentioned above. It is interesting to note that more than 59 per cent of the group whose primary interest is vocational rehabilitation counseling returned a usable reply.

In conclusion it can be stated that the total mail response was adequate. Most of those surveyed who felt unqualified as counselors nevertheless to the time and effort to return the inquiry form explaining why it was returned incomplete. Many of these also sent enthusiastic letters endorsing the study. At least 65 per cent of those actually engaged in rehabilitation counseling were enthusiastic and actively cooperative. Chapters III and IV will analyze the findings of the study.

TABLE 2

TYPES OF COUNSELORS — ANALYSIS OF MAIL RESPONSES (excluding non-counselors)

	MAINE		NEW HAMP.		VERMONT		MASS.		RHODE IS.		CONN.		NEW ENGLAND		PERCENT
	SENT	REC'D	SENT	REC'D	SENT	REC'D	SENT	REC'D	SENT	REC'D	SENT	REC'D	SENT	REC'D	REC'D
Div. of Employment Security	4	2	25	10	0	0	50	19	17	11	51	21	147	73	50%
Fed. Security Agency Office of Voc. Rehabilitation	4	4	5	4	6	3	22	9	10	9	25	14	72	43	60%
State Agencies for the Blind	4	2	4	1	4	2	1	1	6	2	5	2	24	10	42%
T. B. Personnel	1	1	0	0	0	0	43	29	0	0	11	7	55	37	68%
Veterans Administration	8	4	15	11	6	6	41	32	16	9	0	0	86	62	72%
Unclassified	0	0	0	0	0	0	5	3	1	1	0	0	6	5	83%
Totals	21	13	49	26	16	11	162	93	50	32	92	44	390	230	59%
Percent Rec'd of Total Mailed, Per State.		62%		53%		68%		57%		64%		48%		59%	

CHAPTER III

REPORT ON AREAS OF NEEDED TRAINING

1. An Item Analysis of Section 1

Scope of the discussion. -- This chapter will analyze and discuss the findings of the study as revealed by the data gathered from Section 1 of the inquiry form. It will be concerned with (1) an item analysis of this section irrespective of training areas, and (2) an area analysis of the competencies needed by rehabilitation counselors as determined by this same section.

Presentation of the items. -- The 43 items distributed among the 8 broad areas of training in the inquiry form will be considered individually from the standpoint of suggestions to be incorporated into a training program. It should be noted that a total program should consider the in-service needs of existing workers, as well as those of new recruits into the field. The specific number of workers who rated each item under 'great need', 'need', 'need provided', 'no need', as well as the number of 'no responses' is shown in Appendix K. However, since in terms of suggestions for training items, the ratings 'great need' and 'need' have about equal value, it was decided to combine them. The 43 items rearranged in this order, together with the percentage of each rating, are shown in Table 3.

In-service training needs. -- Analysis of Table 3

Table 3. Training Items Arranged According to Need and Great Need

Area and Item	Competency or Skill	Need and Great Need		Need Prov.		No Need	
		No.	%	No.	%	No.	%
2--e	How to assist the client to achieve emotional and psychological adjustment.....	164	66	63	25	11	4
6--b	How to create an improved understanding in the community of total rehabilitation and its releation to education, health and welfare services.....	154	62	64	26	27	11
8--e	How to develop and maintain good public relations.....	152	61	47	19	36	14
8--a	Effective organization and administration of the rehabilitation center.....	150	60	41	16	46	17
7--b	How to keep up with Legislation pertinent to the total rehabilitation process.....	146	59	71	29	26	10
2--d	Understanding effects of handicap upon personality.....	143	57	89	36	12	5
2--f	How to help the client's family to understand the problems related to the individual's adjustment to his handicap.....	140	56	69	28	25	10
6--c	How to assist the handicapped in becoming re-oriented to social environment.....	140	56	78	31	22	9
1--d	How to help the client toward achieving insight and self-determination.....	136	55	81	33	27	11
4--d	How to understand, interpret and use results of psychological tests in assisting in educational, and vocational planning of the handicapped...	136	55	77	31	32	13
8--b	Knowledge of budgets and financial outlays.....	136	55	45	18	55	22
7--a	Understanding current social and welfare programs.....	133	53	84	34	23	9
5--g	How to secure employer's cooperation in placement and adjustment of the client.....	133	53	67	27	38	15
8--d	How to secure physical facilities for rehabilitation programs.....	131	53	59	24	40	16

Table 3 (continued)

Area and Item	Competency or Skill	Need and Great Need No.	%	Need Prov. No.	%	No Need No.	%
3--a	How to recognize manifestations of physical and mental disabilities	131	53	92	37	22	9
4--b	Understanding scope and purpose of psychological tests, inventories in terms of the handicapped	130	52	87	35	26	10
2--a	Knowledge of motivational factors	128	51	90	36	10	4
4--c	Familiarity with tests useful in counseling the handicapped	127	51	83	33	32	13
8--c	Knowledge of community resources and how to secure cooperation	125	50	80	32	34	14
5--i	Understanding relationship of emotional adjustment to job adjustment	123	49	88	35	28	11
2--g	Understanding effect of handicap on vocational adjustment	121	49	96	39	20	8
7--c	Knowledge of professional organizations and literature pertaining to rehabilitation	120	48	102	41	20	8
3--c	Interpreting and analyzing physical disabilities and their relationship to job requirements	119	48	100	40	26	10
2--b	Knowledge of environmental and hereditary factors	119	48	93	37	20	8
4--a	Knowledge of available psychological testing facilities for guidance purposes	118	47	89	36	37	15
2--c	Understanding effects of economic and social pressure	117	47	100	40	20	8
5--f	How to interpret potential capacities and abilities of disabled persons for employers	116	47	87	35	37	15
3--b	How to analyze reports furnishing medical data	116	47	96	39	28	11
1--e	How to facilitate the gaining of positive feelings and action	115	46	93	37	25	10
5--a	How to evaluate aptitudes, skills, interests and educational background of handicapped in terms of job adjustment	114	46	97	39	30	12
8--f	Knowledge of desirable qualifications for rehabilitation personnel	118	47	69	28	45	18

Table 3 (concluded)

Area and Item	Competency or Skill	Need and Great Need		Need Prov.		No Need	
		No.	%	No.	%	No.	%
6--d	Using press, radio and other... public relations media.....	113	45	79	32	47	19
5--e	How to analyze occupations and workers in terms of skills required and physical demands of the job.....	103	41	108	43	29	12
5--h	How to locate and use information on facilities concerning preparation and training of handicapped.....	100	40	110	44	27	11
6--a	How to utilize and develop contacts with those local, state, or national resources which can assist the client toward his total rehabilitation.....	99	40	106	43	33	13
1--c	How to recognize and clarify feelings of the client.....	96	39	111	45	32	13
5--c	How to recognize job trends and prepare for them.....	90	36	114	46	32	13
5--b	How to locate and use information concerning job requirements and opportunities.....	90	36	114	46	32	13
5--d	How to become familiar with employment procedures.....	98	39	103	41	44	18
2--h	How to maintain adequate case records.....	72	29	109	44	52	21
1--b	How to structure the interview.	67	27	130	52	38	15
1--a	How to establish and maintain rapport.....	56	22	128	51	49	20
1--f	Methods of termination and referral.....	52	21	113	45	65	26

shows that 50 per cent or more of the workers consider the first 19 items to be vitally needed. It is significant to note that many of these items rate low in the 'no need' column. For example, item 2--e (How to assist the client to achieve emotional and psychological adjustment) is considered the most pressing need by 164 of 249, or 66 per cent of the respondents. Only 11, or .04 per cent, indicated that this item was not essential and just 63, or 24 per cent, have made provisions for it. The same applies to items 2--d and 2--a in slightly different proportions, each being high in 'need' and 'great need' and comparatively low in 'no need.' The following items were rated essential by 50 per cent or more of the workers and not needed by 12 per cent or less of the respondents.

Item		in Area	2
	b		6
	e		8
	b		7
	d		2
	f		2
	c		6
	d		1
	a		7
	a		3
	b		4
	a		2

It would appear then that any program designed to meet the current needs of existing workers must include these items. From the low figures in column 2, 'need provided,' it would seem that though these are all deemed essential in the performance of their duties, current provisions for meeting these needs are either inadequate or non-existent.

Not to be overlooked is the frequency with which certain areas of training show up in these first 19 items. For example Area 2, Understanding Human Behavior Specifically in Terms of the Handicapped; Area 8, Techniques of Supervision; and Area 4, Psychological Tests to Assist in Rehabilitation, are the areas containing more of the competencies in which the need for training is pressing. It is also significant that at least one item from each of the eight areas presented in the inquiry appears among these first 19 considered essential by 50 per cent or more of the workers. This would indicate the necessity of a broad program even for in-service training of workers with emphasis on the three areas mentioned above.

Items essential to the training of new recruits in the field. -- As has been previously stated in this study, some colleges and universities in New England do provide courses which are of value to vocational rehabilitation workers. Table 4 shows the items for which most counselors have made provision. These probably would not receive primary consideration in the inception of a program designed to meet the immediate needs of currently employed vocational rehabilitation workers. However, they would be quite important in the structuring of a broader program designed for the preparation of newcomers in the field as well as for the needs of in-service personnel.

It can be seen then from this standpoint that Item b in the area of Interviewing is of primary importance. The same

Table 4. Training Items Arranged According to Need Provided

Area and Item	Competency or Skill	Need and Great Need		Need Prov.		No Need	
		No.	%	No.	%	No.	%
1--b	How to structure the interview.	67	27	130	52	38	15
1--a	How to establish and maintain rapport.....	56	22	128	51	49	20
5--b	How to locate and use information concerning job requirements and opportunities.....	90	36	114	46	32	13
5--c	How to recognize job trends and prepare for them.....	90	36	114	46	32	13
1--f	Methods of termination and referral.....	52	21	113	45	65	26
1--c	How to recognize and clarify feelings of the client.....	96	39	111	45	32	13
5--h	How to locate and use information on facilities concerning preparation and training of handicapped.....	100	40	110	44	27	11
2--h	How to maintain adequate case records.....	72	29	109	44	52	21
5--e	How to analyze occupations and workers in terms of skills required and physical demands of the job.....	103	41	108	43	29	12
6--a	How to utilize and develop contacts with those local, state, or national resources which can assist the client toward his total rehabilitation.....	99	40	106	43	33	13
5--d	How to become familiar with employment procedures.....	98	39	103	41	44	18
7--c	Knowledge of professional organizations and literature pertaining to rehabilitation.....	120	48	102	41	20	8
3--c	Interpreting and analyzing physical disabilities and their relationship to job requirements.....	119	48	100	40	26	10
2--c	Understanding effects of economic and social pressure.....	117	47	100	40	20	8
5--a	How to evaluate aptitudes, skills, interests and educational background of handicapped in terms of job adjustment.....	114	46	97	39	30	12
2--g	Understanding effect of handicap on vocational adjustment...	121	49	96	39	20	8

Table 4 (continued)

Area and Item	Competency or Skill	Need and Great Need		Need Prov.		No Need	
		No.	%	No.	%	No.	%
3--b	How to analyze reports furnishing medical data.....	116	47	96	39	28	11
2--b	Knowledge of environmental and hereditary factors.....	119	48	93	37	20	8
1--e	How to facilitate the gaining of positive feelings and action	115	46	93	37	25	10
3--a	How to recognize manifestations of physical and mental disabilities.....	131	53	92	37	22	9
2--a	Knowledge of motivational Factors.....	123	51	90	36	10	4
2--d	Understanding effects of handicap upon personality.....	143	57	89	36	12	5
4--a	Knowledge of available psychological testing facilities for guidance purposes.....	118	47	89	36	37	15
5--i	Understanding relationship of emotional adjustment to job adjustment.....	123	49	88	35	28	11
4--b	Understanding scope and purpose of psychological tests, inventories in terms of the handicapped.....	130	52	87	35	26	10
5--f	How to interpret potential capacities and abilities of disabled persons for employers....	116	47	87	35	37	15
7--a	Understanding current social and welfare programs.....	133	53	84	34	23	9
4--c	Familiarity with tests useful in counseling the handicapped..	127	51	83	33	32	13
1--d	How to help the client toward achieving insight and self-determination.....	136	55	81	33	27	11
8--c	Knowledge of community resources and how to secure cooperation.....	125	50	80	32	34	14
6--d	Using press, radio and other public relations media.....	113	45	79	32	47	19
6--c	How to assist the handicapped in becoming re-oriented to social environment.....	140	56	78	31	22	9
4--d	How to understand, interpret and use results of psychological tests in assisting in educational and vocational planning of the handicapped....	136	55	77	31	32	13

Table 4. (concluded)

Area and Item	Competency or Skill	Need and Great Need		Need Prov.		No Need	
		No.	%	No.	%	No.	%
7--b	How to keep up with Legislation pertinent to the total rehabilitation process.....	146	59	71	29	26	10
8--f	Knowledge of desirable qualifications for rehabilitation personnel.....	118	47	69	28	45	18
2--f	How to help the client's family to understand the problems related to the individual's adjustment to his handicap.....	140	56	69	28	25	10
5--g	How to secure employer's cooperation in placement and adjustment of the client.....	133	53	67	27	38	15
6--b	How to create an improved understanding in the community of total rehabilitation and its relation to education, health and welfare services.....	154	62	64	26	27	11
2--e	How to assist the client to achieve emotional and psychological adjustment.....	164	66	63	25	11	4
8--d	How to secure physical facilities for rehabilitation programs.....	131	53	59	24	40	16
8--e	How to develop and maintain good public relations.....	152	61	47	19	36	14
8--b	Knowledge of budgets and financial outlays.....	136	55	45	18	55	22
8--a	Effective organization and administration of the rehabilitation center.....	150	60	41	16	46	17

can be said for

Item		in Area
	b	5
	c	5
	f	1
	c	1
	h	5
	h	2
	e	5
	a	6
	d	5
	c	7
	c	3
	c	2
	a	5
	g	2
	b	3
	b	2
	e	1

It is interesting to note that not all of the eight areas appear in the first 19 of these items, but the frequency with which some do appear suggests that these needs are being met. Nevertheless they must be considered in a total training program since it can be assumed that it was the pressure of the need which led to the necessity of providing for it. It is evident from the above tabulation that Areas 1 -- Interviewing -- and 5 -- Occupational and Educational Information -- cannot be overlooked in setting up a broad program.

In considering these items as training suggestions, it should be noted that the rating in each column is dependent to some extent upon the others. Items regarded as needed are affected by the extent to which they have been provided for. Those items which are rated high in the 'no need' column are balanced by 'need provided' which might indicate that current courses in this item are providing for some needs which are

not too essential to workers in the performance of their duties. However, since in most cases 'no need' is outnumbered by 'great need,' it cannot be assumed that these items are not essential in a total training program.

Items and areas of primary importance in the total program. -- The items of primary importance shown in Tables 3 and 4 are summarized in Table 5 according to the frequency of the broad areas they represent. This will enable each area to be placed according to its need in a total training program.

Table 5. Frequency of Training Areas as Represented in Item Analysis

Rate	Areas of Need 1	2	3	4	5	6	7	8
Table 3 Rate of frequency	1	4	1	3	1	2	2	5
Table 4 Rate of frequency	5	4	2	-	6	1	1	-
Totals	6	8	3	3	7	3	3	5

From the data in Table 5, then, the areas of training should be listed as follows:

1. Understanding Human Behavior in Terms of the Handicapped
2. Occupational and Educational Information
3. Interviewing
4. Techniques of Supervision

5. Interpretation of Medical Information

6. Psychological Tests to Assist in Understanding the Handicapped

7. Locating and Using Community Resources

8. Knowledge of Legislation Pertinent to Rehabilitation

The next part of this chapter will discuss these areas individually. No attempt has been made to put them in the above order, since it was thought that reference to the inquiry form would be simplified if the original order was kept.

2. Area Analysis of Section 1

Presentation of the areas of training. -- Each broad area is presented as it appeared on the final inquiry mailed out to the participants of the survey. The tables presented herein indicate the exact number of respondents who felt the 'most need' for each item, those who felt there was some 'need,' those who felt 'no need' for the item at all, those who had 'provided for the need,' and those who made 'no response' to the item in question.

There apparently existed some confusion between the classification of 'no need' and those who made no response to a particular item. Since the inquiry was distributed among various kinds of counselors, all areas of training did not apply, nor did every item have equal value to each respondent. Consequently many made no response to those items which did not apply to their particular situation or for which they felt

no need. Since many counselors took the time to comment to this effect, the writer in tabulating gave 'no response' the same interpretation as 'no need.'

The areas of training are presented in table form, followed by a discussion and the comments made by the respondents which pertain to the area in question. The analysis of the various items in the tables will be presented in the Item Analysis which can be found in Appendix K. The items for each area are presented in the tables in the order of felt need reported rather than in the order of listing in the the forms as distributed in the individual tables. The table also shows those items for which counselors have already made some provision through course work or other means, as well as those items for which they felt 'no need.'

Interviewing. -- In the area of Interviewing, Table 6 shows clearly that Item 'd' -- 'How to Help the Client Toward Achieving Insight and Self-determination' -- is most needed.

Table 6. Nature of Response in the area of Interviewing

Training Items	Most Need	Need	Need Prov	No Need	No Resp.
d. How to help the client toward achieving insight and self-determination.....	79	57	81	27	5
e. How to facilitate the gaining of positive feelings and action.	53	62	93	26	15
c. How to recognize and clarify the feelings of the client....	48	48	111	32	10
b. How to structure the interview.	26	41	130	38	14
a. How to establish and maintain rapport.....	24	32	128	49	16
f. Methods of termination and referral.....	21	31	113	65	19

It is also interesting to note the high proportion and the extent to which the items in this area have already been provided for, which would indicate this to be one of the pertinent areas in the counseling process. For example item 'b' shows that 130 workers have already provided for the need--'how to structure the interview'.

Comments contributed by respondents suggesting other needed competencies in this area included the following:

> How to estimate the probable success of further work with individuals to avoid wasting valuable time.
>
> How to conduct a non-directive interview, and methods of imparting information in client-centered therapy.
>
> How to interview the mentally ill and individuals having lobotomy operations, but able to work as stated by the physician.
>
> How to identify with the client.
>
> How to recognize and clarify the attitude of employers to the client.

Other comments which obviously enlarged upon the items already mentioned in the table are not stated here. For example 'how to terminate services in non-feasible cases' plainly relates to item 'f' in the table.

In reviewing the nature of the additional items suggested by the participants it was felt that most of them related to some one of the eight areas of training already set up. Therefore, as each area is discussed, the comments pertaining to it will be presented. Many of these are quite well stated, thereby requiring very little editing. Those pertaining to Interviewing follow:

The construction of a positive philosophy on the part of the counselor.

There is a great need for education and training in self-adjustment and self-understanding which should be taught only by those who have achieved satisfactory emotional integration.

I feel there should be more emphasis on the professional counseling process.

It would seem from the above discussion that the area of Interviewing is one which already has received serious attention by counselors as well as by the institutions that have made some training available. That room for improvement exists is shown by the preponderance of those who still feel the need for more training in items 'd' and 'e'; the concern expressed by many over the establishment of a positive philosophy on the part of counselors; as well as the desire to develop the vocation to a professional level.

Understanding Human Behavior Specifically in Terms of the Handicapped.-- According to Table 7, the second area would seem to be one which must receive careful consideration in the establishment of any program which contemplates the training of vocational rehabilitation counselors. For example, item 'e'--How to assist the client to achieve emotional and psychological adjustment-- evoked more concern than any other single item in the entire survey. (see appendix K)

The next two items --Understanding effects of handicaps upon personality-- and --How to help the client's family to understand the problems related to the individual's adjustment to his handicap-- also were of major concern

Table 7. Nature of Response to the Area of Understanding Human Behavior specifically in terms of the Handicapped

Training Items:	Most Need	Need	Need Prov	No Need	No Resp.
e. How to assist the client to achieve emotional and psychological adjustment	108	56	63	11	11
d. Understanding effects of handicap on personality.....	78	65	89	12	5
a. Knowledge of motivational factors.....	76	52	90	10	21
f. How to help the client's family understand the problems related to the individual adjustment to his handicap.....	67	73	69	25	15
g. Understanding effect of handicaps on vocational adjustment..	61	60	96	20	12
b. Knowledge of environmental and hereditary factors.....	57	62	93	20	17
c. Understanding effects of economic and social pressure.....	49	68	100	20	12
h. How to maintain adequate case records.....	30	42	109	52	16

in the total tabulation of individual items. It would seem therefore that the present courses related to Understanding Human Behavior are not being sufficiently pointed up to meet the needs of this particular profession. Additional comments relating to other competencies in this area were as follows:

> Development of perception
> Utilization of group dynamics
> Importance of evaluating group opinion
> Utilization of social case work data
> How to help the client understand the family's, his co-worker's and employer's attitudes
> Assisting the individual to understand that the counselor is helping him to help himself.

The final comments pertaining to this section seemed to emphasize case studies and clinical experience as an essen-

tial part of the training program. Some respondents stressed a good liberal arts program as a foundation with specialization in psychology and sociology courses. Others emphasized the importance of realizing the critical part the client's family plays in this total rehabilitation. And, others pointed to the need of being able to spot the "gold bricks" and malingerers which can defeat a program of rehabilitation. An interesting comment relating to this section has to do with the consideration of the problem faced by the counselor in rehabilitation of the aged. This is a problem of current concern to educators in general. The fact that it has appeared here is probably indicative of the relationship between counselors and educators.

There is much here to show that the areas in which most training is needed are fairly common to the field of education. Yet, the fact remains that courses currently available are not adequate for solving the problems facing the rehabilitation counselor. That his problems are different and require specialized training is clearly indicated by the amount of concern and felt need for further training in this area by so many of the respondents. This would appear to be an area which would have to receive first consideration in the setting up of a program of training.

Interpretation of Medical Information.-- This area elicited more special comments than any other, outside of that concerned with --Occupational and Educational Information. Comments like--'more data on anatomy, physiology, and

psychiatry to enable the rehabilitation counselor to have knowledge of the whole personality rather than just the economic, social and emotional factors'-- show that this is an area of great concern. As shown by Table 8, the three items cited under this catagory all rated high in need and most need, indicating that this phase of training cannot be slighted when considering a program for rehabilitation counselors.

Table 8. Nature of Response to the area of Interpretation of Medical Information

Training Items:	Most Need	Need	Need Prov	No Need	No Resp.
a. How to recognize manifestations of mental and physical disabilities.....	79	52	92	22	4
c. Interpreting and analyzing physical disabilities and their relationship to job requirements.	77	42	100	26	4
b. How to analyze reports furnishing medical data.....	49	67	96	28	4

The considerable number of respondents who have already provided for these needs would indicate that some courses are being offered by the various schools and colleges in this area to meet the demand which is evident. The nature of the comments about which more information is requested and which are quoted below, would indicate that the need is being only partially met, and that training in this area should be extended. More training was requested on:

> Psychosomatic factors in somatic disorders
> How to interpret social aspects to medical profession
> Prognostic factors with reference to various physical disabilities--or how to determine prognosis.

> Analyzing medical reports to determine future of client's health in relation to over-all program of individual.
>
> Understanding energy requirements for different jobs; point of view of physician; the skills of the occupational therapist in pre-vocational testing; evaluating work skills and strengthening muscles and endurance; the skills of the physical therapist in ambulation; etc.

A few other comments selected from the large number offered in this area will give the reader some idea of the nature of the concern in this area.

> Adequate medical background is necessary to pick out the characteristics of each disease and its reaction to a patient's personality. This is enhanced with clinical observation which is important for background.
>
> Specialized concentration on very severely disabled cases; such as speech defects, spinal or lumbo-sacral conditions; nervous or mental conditions, insofar as medical authorities have scientifically concluded there are common characteristics to each disability or disease that could be accepted by vocational rehabilitation personnel as nearly always existing.
>
> Counselors should have a good grounding in some of the techniques of muscle testing and means of restoring the severely handicapped to a better life adjustment.
>
> Specifically, more information relative to alcoholics since they represent a large proportion of non-feasible cases.

Further remarks stressed the importance of working closely and consulting with the doctor treating the client. Also, that medical information should be secured only from doctors, so as to avoid diagnosis and determination of client's work capabilities by lay workers. Rehabilitation of the mentally handicapped, psychotic, mental defectives and mental retardates was also a matter of concern as well as the treatment of alcoholics.

It would appear from the data available that those currently engaged in rehabilitation counseling consider this area pertinent to their needs. This is substantiated by the fact that only 4 workers did not respond to items 'a' and 'c' and 9 refrained from checking item 'b'.

Psychological Test to Assist in Understanding the Handicapped.-- This is also an area in which counselors feel they can use a lot more training. All items ranked high in need and most need, as is shown by Table 9.

Table 9. Response to area of Psychological Tests to assist in Understanding the Handicapped

Training Items:	Most Need	Need	Need Prov	No Need	No Resp.
d. How to understand, interpret and use their results in assisting the educational and vocational planning of the handicapped.....	77	59	77	32	4
b. Understanding the scope and purpose of psychological tests and inventories in terms of the handicapped.....	64	66	87	26	6
c. Familiarity with tests useful in counseling handicapped individuals.....	59	68	83	32	7
a. Knowledge of available psychological testing facilities for guidance purposes.....	58	60	89	37	5

The number of "no response" to any item in this area is quite low, the greatest being in item 'c' which shows 7. Though the data show that many counselors have availed themselves of the courses currently available in psychological tests and measurements, the comments would indicate that much more needs to be done in this field, for example, in

adapting present tests to the handicapped, establishing norms, etc.

Further responses in this area included such suggestions as:

> Better knowledge and use of projective techniques particularly in administration and interpretation of the Wechsler-Bellevue, Rorschach, and the T.A.T.
>
> How to relate to client data obtained through projective testing.
>
> Evaluation of ethics involving professional use of tests and their results.

Some counselors felt that administration and interpretation of these tests should be done only by workers qualified by the American Psychological Association. However the available data seem to show that more information is needed on (1) adequate testing for vocational purposes and evaluation of work skills; (2) tests to measure the muscle strengths of the client in relation to the vocation for which he shows an aptitude; and (3) measuring the progress, physical, educational, vocational, of the client.

All seemed to be cognizant of test limitations and of the danger of placing too much emphasis upon them in relation to the client's total adjustment. However, a need for more extensive knowledge about these tests which can be used to good advantage in rehabilitation counseling definitely exists.

Occupational and Educational Information.--In reviewing the data shown in Table 10 it should be pointed out that these phases of the counselor's work are such that he must constantly keep himself informed and abreast of the changes and trends

in occupations and training facilities. Therefore, it is not too surprising to find that many counselors have provided for many of the items in this area through training or other means. Nevertheless the basic competencies required by the vocational rehabilitation counselor are such as to make this area fundamental in setting up a program of training, particularly in view of the 'timeliness' of vocational and occupational information. These are items which are likely to become outdated quickly. The counselor must be continually alert and spend considerable time to keep his knowledge up-to-date.

A fundamental course, emphasizing how to evaluate, secure and use occupational and educational information would not be so apt to require a refresher course, as would one dealing in specific job information. Therefore, it might be well to assume that it is such a course the counselor had in mind when he stated that he had provided for his need in this particular area of training.

In analyzing the following table it is somewhat disturbing to note the comparatively high response in the column 'No Need.' From the standpoint of the high number who have already made some provision to meet their needs in this area; from the very nature of the relation of thorough familiarity with this area and the counselor's effectiveness in accomplishing his objective; and from the numerous comments submitted by the respondents making additional suggestions for training in this area it could be concluded that "no need"

in this case is strongly related to "need provided." It also might be concluded that counselors answering "no need" could have implied that there is no need for additional courses in this area since many of the universities offering courses in Guidance and Personnel most always include a course in Occupational Information.

Table 10. Response to items in the area of Occupational and educational information

Training Items:	Most Need	Need	Need Prov	No Need	No Resp.
a. How to evaluate aptitudes, skills, interests and educational background of the handicapped in terms of job adjustment.....	64	50	97	30	8
g. How to secure their cooperation in the placement and total adjustment of the client.....	68	65	67	38	11
i. Understanding relationship of emotional adjustment to job adjustment.....	62	61	88	28	10
e. How to analyze occupations and workers in terms of skills required and physical elements of the job...	55	48	108	29	9
f. How to interpret the potentialities capacities and abilities of disabled persons to the employers.....	55	61	87	37	9
c. How to recognize trends and prepare for them.....	53	68	79	33	16
b. How to locate and use information concerning job requirements and opportunities.....	45	45	114	32	13
h. How to locate and use information facilities concerning preparation and training of the handicapped....	39	61	110	27	12
d. How to become familiar with employment procedures.....	31	57	103	44	14

Additional comments include:

How to utilize group dynamics in providing occupational and educational information.

How to help the client 'sell himself' to the employer.

> How to interpret to employers adjustments needed to be made on the job set-up to accomodate the client's handicap.
>
> How to work with state employment agencies in interpretation and referrals to that office.

It would seem then that present courses in occupational and educational information are meeting the needs of these workers to some extent as shown by the number who checked 'need provided'. Nevertheless a comprehensive program of training must be prepared to meet the expanding needs in this area. The following comments will bear out this conclusion:

> Preparation of the individual for the employment interviews, the discouragement of refusals, etc.; .....this could be accomplished by careful analysis of the personnel policies of business and concentration on job finding techniques.
>
> A sure method of determining who is unemployable due to mental or other deficiencies and what to do with them; how to do it so that no further damage can occur. In this profession there are some unemployables. They are our biggest problem. What to do with them or for them?
>
> A course in which the aims and objectives of rehabilitation and employment and the most effective means of carrying out these programs would be the main concern.
>
> Too few of us have an adequate understanding of the actual demands and conditions of jobs--especially in the industrial field. Many counselors proficient in handling or dealing with the above average individual who can contemplate professional or managerial training are quite lost with the average or below average handicapped person who must find his place in industry. I would recommend a specific course which includes field trips--films and other audio-visual materials or practical job experience.
>
> The vocational counselor needs a true appreciation of jobs, their skills, demands, "climate" of the workplace, and nature of individuals frequenting certain jobs. The socio-economic factors prevalent in occupa-

tions is important and a knowledge of such is necessary to train a good counselor. More field studies are needed.

More knowledge of jobs and where to find them is needed. Perhaps some program in coope ration with the various state employment offices might be the answer, or a course in the use of U. S. Employment Service, as well as the Dictionary of Occupational Titles--Vol. I--IV.

Some respondents, however, made the observation that the counselor's duties should not include placement. Though he should be familiar with job finding techniques, his responsibility ends with the counseling of the individual. This point of view also may have some bearing on the negative responses in the "No Need" column. Other suggestions included work-shop courses and training employers how to appreciate the contributions which the handicapped can and do make to industry.

Since this area elicted more comments and suggestions than any other, and in view of the high response to "Need Provided" it would appear logical to assume this to be one of the most pertinent areas for a rehabilitation counselor training program.

Locating and Using Community Resources:-- The reaction of the respondents to the various items suggested in this area is shown in Table 11.

Table 11. Response to items in the area of Locating and Using Community Resources

Training Items:	Most Need	Need	Need Prov	No Need	No Resp.
b. Create an improved understanding of total rehabilitation in community..	75	79	64	27	4
d. Using press, radio or other public relations media.....	54	59	79	47	10
c. Assist handicapped in becoming re-oriented to societal environment...	44	96	78	22	9
a. Utilize and develop contacts with state or national resources.....	44	55	106	33	11

The only comment which was added in this area was--"how to gain the cooperation of the unions." This is probably a reflection of the important influences which unions as a whole have over employment practices and procedures and the economic picture in general. In places where closed shops prevail, no one can be employed without the sanction of whatever union happens to be in control. Therefore, as such, Unions, may be considered an important community resource whose cooperative understanding must be sought and maintained by the rehabilitation counselor for the benefit of his clients.

This points out how closely related this area is to that of Occupational and Educational Information and to Understanding Human Behavior Specifically in Terms of the Handicapped.

It is not surprising to find a good many who have already done something about the training needed in this area. The rehabilitation process is practically impossible without the assistance of other professions and since the counselor is the pivotal figure in directing the client to the proper community resources which might assist him in relation to his particular disability, it is quite imperative that he equip himself with some knowledge and skill in this area.

The number of "No Responses" was no more than 10 for any item, which further suggests the necessity of the counselor knowing and using the community resources which are available in his particular environment. Some of the comments pointing up to this need are as follows:

Statistical reports showing progress in various areas.

Analyzing these reports for variations and differences in each locale, community cooperation, resistance to cooperation by employers, what might be done, etc.

A counselor should have more social work background and training, plus instruction in investigating techniques.

Such things as knowing how to write an article for publication and public speaking are important for the counselor.

This last comment would suggest that the counselor must know not only his local community and its resources, but the larger community, in order to maintain good public relations. Good public relations facilitate his work in training, in placement, and increase the cooperation he gets from the various factions connected with rehabilitation. It would appear then, that the techniques of investigation, securing cooperation, maintaining a working relationship with cooperating agencies, developing contacts, making recommendations when gaps exist in services, and good public relations are an important part of the total training of vocational rehabilitation counselors.

Knowledge of Legislation Pertinent to Vocational Rehabilitation.-- Just as other professions must keep up-to-date so must the rehabilitation counselor keep abreast of his contemporaries if he wishes to be effective as a counselor. State and other administrators of rehabilitation programs have tried to make provisions for staff developments, in the absence of specialized training, through the establishment of libraries, book-lists, distribution of circulars and reports, and subscriptions to the Journal of Rehabilitation published by the

National Rehabilitation Association in Washington D. C. However in an era when more and more people are looking to the government to make provisions for special groups, when social and economic security is the concern of government as well as private agencies, this phase of rehabilitation is important. A high standard of rehabilitation services cannot be maintained unless the counselor is cognizant of and understands the social welfare programs, past and present, and how they affect the client. It is also important to know the professional organizations and the type of literature available which pertains to rehabilitation.

Table 12 shows that most counselors are aware of the needs in this area, and that many already have provided for them.

Table 12. Responses to items in the area of Knowledge of Legislation Pertinent to Vocational Rehabilitation

Training Items:	Most Need	Need	Need Prov	No Need	No Resp.
b. How to keep up with legislation pertinent to the total rehabilitation of the handicapped.....	62	84	71	26	6
a. Understanding current social and welfare programs.....	52	81	84	23	10
c. Knowledge of professional organiations and literature pertaining to rehabilitation.....	39	81	102	20	7

It is interesting to note the number who have provided for item 'c' which may indicate that in the absence of an organized program of training, many of them have become affiliated with one or more professional groups.

Other comments simply affirm the above discussion. For one thing, a thorough knowledge of P.L. 113 and other Social Security Laws was pointed out as a need. Others were:

> A knowledge of labor movements, including better understanding of unions and their attitudes concerning employment of the physically handicapped.
>
> How to handle and understand the policies of the insurance agencies as well as compensation provisions.
>
> Ability to participate and present ideas for possible administrative action, as well as presenting well written reports and articles showing results of rehabilitation measures.

It should be noted that here again, the need to understand Union policies crops up. Obviously any legislation pertaining to rehabilitation will in some way affect the available community resources, so that it is not too surprising to find the needs in this area somewhat alike. The scope of a training program preparing counselors to meet these problems should not only delve into economics, government, sociology and history, but also into current events.

Techniques of Supervision.-- The administrator of a rehabilitation agency, public or private, faces not only the problems of the counselor but also those of administration, supervision, and probably of the very facilities which enable the counselor to do his job well. The fact that the organization and administration of the rehabilitation center is quite different from that of other forms of business is evidenced by the fact that 89 indicated this to be an item for which training is 'most needed'. That the successful organization and administration of this center is very much

dependent upon good public relations is demonstrated by the number pointing this out as most needed and need, a total of 152. Another item receiving considerable attention is 'how to secure physical facilities for rehabilitation'. This again points to the importance of community resources to the effectiveness of the rehabilitation center as well as to the interrelationship of the former with the entire community. Table 13 shows the complete data.

Table 13. Response to items in the area of Techniques of Supervision

Training Items:	Most Need	Need	Need Prov	No Need	No Resp.
a. Effective organization and administration of the rehabilitation center.....	89	61	41	46	13
d. How to secure the physical facilities for rehabilitation.....	65	66	59	40	19
b. Knowledge of budgets and financial outlays.....	62	73	45	55	14
e. How to develop and maintain good public relations.....	61	91	47	36	14
c. Knowledge of community resources and how to secure their cooperation.....	54	71	80	34	10
f. Knowledge of desirable qualifications for employment of rehabilitation personnel.....	57	61	69	45	17

Other comments were as follows:

> Specific supervisory techniques and staff training.
>
> How to improve inter-personal relations of staff members of in-service educational program of the staff.
>
> Ability to evaluate properly the effectiveness of programs.

As might be expected the number of 'no response' and those indicating 'no need' were relatively high in this area. Since

those in an administrative capacity are fewer in number, evaluation of training needs for rehabilitation workers on this level could not be properly done by all respondents. It is also interesting to note that the item for which the need has been met to the greatest extent is 'knowledge of community resources and how to secure their cooperation.' Quite logically, provision to meet this need has been made by many counselors since it is so indispensable.

The problem of how to evaluate the rehabilitation counseling process to improve the quality of counseling came up again and again in the comments. As did the analysis of reason for failures, and methods of follow-up studies. The following are typical comments:

> Need for more cooperative efforts on the part of social workers and rehabilitation personnel to periodically call on the claimant to determine progress even after rehabilitation program is concluded; reopening the case if adjustment is not satisfactory or suitable, and analyzing the reason for failure.
>
> How a sheltered workshop can be created and made to function effectively.
>
> Load distribution, management, evaluation and courses in supervision, and planning would be of great interest to me.
>
> How to maintain professional standards.

From the data presented in this section there are indications that the problems of the administrator of a rehabilitation program are somewhat unique. He has many problems common to all personnel workers, but he also has many problems peculiar only to those concerned with the field of rehabilitation. It is evident that existing courses to meet the needs of this group

in this area have been taken, yet much can be done to improve the standards of service to meet their specific needs. No matter how effective a counselor is, he cannot function efficiently under a poorly trained administrator or supervisor.

Another suggestion for training.-- Those respondents who took the time and effort to make comments in addition to responding to the inquiry were for the most part in agreement that no program of training could be complete without supervised field work. Since this area had not been anticipated by the writer, a few edited comments bringing out the needs in this area follow:

> Unless the above suggestions include supervised field work in recognized agencies, these courses would not be effective as they should be. Supervised field work seems necessary particularly where a person choosing this field has had little or no experience. I believe as much field training as possible is advisable so that the student will have an opportunity to correlate theory and practice.
>
> Altogether too many counselors lack practical experience in labor and industry. Their knowledge of personnel problems, job requirements, management problems, etc., is not broad enough. I feel that the best vocational counselors should have practical knowledge, whether it comes from field trips or performance, it must be had. Tell students to work in a different field each summer, and that will give them at least some working knowledge of a field.
>
> It is very important to visit small clinics to see the liaison with the larger ones. Visit rehabilitation centers and see how they work. Field training, or at least a rather complete orientation in the work of the state employment services affiliated with the U.S. Employment Service is necessary.
>
> I believe the State Vocational Rehabilitation agencies would be glad to serve as field bases for student's field experiences. Here they could actually accompany rehabilitation counselors in the field.
>
> You need tie-in with medical schools or rehabilitation

centers or clinics. Field observation with a public health nursing agency dealing with the handicapped both official and non-official agencies in public health nursing to be included; also observation in other allied fields of public health.

Group discussions in class, with professional workers supplemented by statistical recording of the competencies most used in actual rehabilitation would be of great value.

These statements were amply supported by many others who simply said "Field Work" or "Field Training" suggesting that the need was also obvious to them, though they were considerably less verbal about it. The view that field training should be part of a training program was also expressed by those whom the writer interviewed personally, and by the many letters of endorsement received. It would seem therefore that a vocational rehabilitation counselor must know a great deal more than just the theory involved in these areas of training that have been discussed. Besides possessing warm human qualities he must be intellectually well informed and practically effective.

The competencies as described in the inquiry form were deemed adequate by 221 of the 249 respondents. It can be assumed then that the major areas of training are represented in this analysis, and that any contemplated program to meet the needs of this particular group should consider these findings.

Chapter IV will analyze and discuss the personal interest of vocational rehabilitation workers in securing this training, and Chapter V will summarize the findings and make some recommendations.

CHAPTER IV

REPORT ON PERSONAL INTEREST IN A UNIVERSITY TRAINING PROGRAM

1. Personal Interest in Further Education

Nature of information requested.-- The purpose of section II of the final inquiry form was to determine the extent of the respondents' personal interest in availing themselves of training opportunities if they were offered through an organized, university-sponsored program. The inquiry also attempted to determine the conditions under which they would most likely want to secure the desired education. For purposes of planning the kind of program which vocational rehabilitation counselors deemed best suited to their needs it was considered necessary to secure such information as:

1. How many workers contacted were actually interested in earning academic credit through course or field work to apply towards specified degree or certificate programs.

2. The approximate study load, or the number of courses which workers felt they could carry conveniently.

3. The particular semester, term, and year in which they would most likely start such a program and whether their attendance would be on a full-time or part-time basis.

4. The number of workers who would be interested in attending extension courses if they were given within

commuting distance of their homes or offices.

It was felt that such data would be vital to any institution interested in meeting the educational needs of vocational rehabilitation counselors and could be of assistance in formulating plans for the organization and administration of such a program.

2. Nature of the Response

Scope and number interested in academic credit.--For various reasons, some of which were not explained, Section II was not completed by all of the 249 qualified respondents. Some claimed that it was not possible to plan now for future study; others stated that they already had enough degrees; others, that they were too close to retirement age to participate in any formal educational program. Consequently a substantial number of items in the inquiry form were not answered, while others were only partially completed.

For the most part, only those questions which applied to the particular respondent were completed. For example, those who were interested in extension courses checked just that section and sometimes did not indicate which degree, or the number of courses they would like to take, or even in which year they would be interested in starting such a program. On the other hand, others checked their interest in securing degree credit, as well as the question concerning extension work. Thus, the total number indicating positive

interest in earning academic credit through course work, and those interested in extension work, does not necessarily represent 240 individual respondents because the same counselor could have and often did check his interest in both areas. In examining Table 14 which shows the comparative interest in academic credit, extension work, and kinds of degrees desired, it should be noted that 76 or 31 per cent of the counselors are interested in both extension work and course work for degree credit.

Of the 249 qualified respondents who completed Section II of the survey instrument, 92 or 38 per cent were interested in securing academic credit for the courses taken; 73 or 29 per cent were not interested, while 49 or 19 per cent were undecided. The remaining 35 or 24 per cent did not reply.

The total interested in extension courses is 148 or 61 per cent. Only 14 or 5 per cent were not interested and 29 or 11 per cent were undecided. Fifty-eight or 23 per cent did not check this section.

Kinds of degrees sought.-- Because many of the workers already hold a degree, those professing an interest in degree study for the most part are interested in course work on a graduate level. Table 15 shows the number who expressed such interest. Only 21 or 9 per cent are interested in a bachelor's degree as compared to 59 or 24 per cent who are interested in the master's degree. Twenty-seven or 11 per cent seek doctor's degrees. The certificate of advanced graduate study is sought by only five counselors, while 112 or 45 per cent indicated

no preference for a degree or a certificate.

Table 14. Number and per cent of 249 Respondents interested in Academic Credit and Extension Course Work

Nature of Interest	Yes		No		Undecided		No Resp.	
	No.	%	No.	%	No.	%	No.	%
Academic credit.....	92	38	73	29	49	19	35	24
Extension courses....	148	61	14	5	29	11	58	23
Academic and Extension	76	31						

Table 15. Number and percent of 249 respondents interested in various degree and certificate study.

Degree	Number	Per Cent
Bachelors.....	21	.09
Masters.....	59	24
Certificate of Advanced Graduate Specialization.....	5	.01
Doctors.....	27	11
Total interest.....	112	45
Total interest.....	92	55

Stated preference for time and amount of study.-- Reference to Table 16 indicates that on a part-time basis 71 respondents prefer to start course work in the fall of the year 1952-53. Only 16 chose the spring term of the same year, and 13 chose the summer term. A total of 32 desire to start courses on a part-time basis during the year 1953-54. Here again the larger number prefer the fall semester.

Here again it should be pointed out that the counselors interested in working towards a particular degree on a course basis in the university might also be interested in doing the same on an extension basis.

Table 18 was possible only because there were enough counselors sufficiently interested in the study to sign their name to the inquiry form. Those who did indicate positive interest in earning a particular degree, but did not sign their names are listed under the section 'Undistributed' since it was not possible to place them.

Geographic areas of interest for extension courses.-- The geographic location of those counselors who stated an interest in extension work is shown by the spot map, Figure 1. Since extension courses are planned for the convenience of those who find it impossible to make the trip to the university, it is important that the university know in which geographic area there is most demand for specific courses.

Analysis of this map will show that the areas in which the demand is greatest are Boston, Hartford, Providence, Worcester, Concord, N. H., Manchester, Augusta, Bangor, Springfield and Montpelier. It should be noted that most counselors work approximately eight hours a day, and would find it difficult to commute great distances to the university. Therefore, the location of any proposed extension course is of vital importance both to the university and to the counselors it serves.

Other considerations.-- In considering the data in

Figure 1. Spot Map showing location of those Counselors showing an interest in Extension Courses

The number indicating interest on a full-time basis is small for both the years 1952-53 and 1953-54, that is 6 and 4 respectively. This would indicate that an in-service population would not be likely to attend classes except on a part-time basis.

A total of 106 are interested in starting some form of training sometime during the school year 1952-53. Only 36 indicated a preference for starting such training during the year 1953-54.

Table 16. Preferences of 142 workers as to time of beginning full-time and part-time study.

Time	Fall Term No.	%	Spring Term No.	%	Summer Term No.	%	Total	%
Year, 1952-1953:								
Full-time.....	2	.014	2	.014	2	.014	6	.042
Part-time.....	71	50	16	11	13	.09	100	70
Year, 1953-1954:								
Full-time 1.....	3	.021	0		1	.008	4	.028
Part-time.....	17	12	9	.064	6	.042	32	22

Thus it can be seen that 42 per cent of the total respondents would begin their study sometime during the school year of 1952-53 if a program were to be offered and 15 per cent would begin in the year 1953-54. It should be noted that the total number who indicated a choice as to when they would prefer to embark on such a program is not the same as the total interested in academic credit or in extension work. This variance is due to the fact that many who checked 'Undecided' nevertheless stated a preference in this section as well as in the one indicating the kind of degree sought, assuming that if they were to start a pro-

gram it would be at the state time and for the stated degree. This also accounts for the discrepancy between the number seeking degrees and those interested in academic credit.

Stated preference for study load.-- Table 17 shows preferred study loads as expressed by 148 respondents. Two courses were preferred by 72 workers. Sixty-seven preferred one course, and three courses were preferred by 9 workers. Though this totals to exactly the same number who indicated an interest in the extension course work, it does not necessarily follow that these are the same people who would carry the specified study load on an extension basis, as has been previously explained in connection with the other data.

Table 17. Preferred study load as stated by 148 respondents

Number of Courses	Tot. Resp.	Per Cent
One course.....	67	45
Two Courses.....	72	48
Three Courses.....	9	07
Total Respondents.....	148	60
Total No Response.....	101	40

Analysis of study preferences by location of agencies and Kind of Worker.-- Table 18 analyzes in detail the various kinds of degrees toward which counselors employed by the various offices in the six New England states are interested in working, and the preferred method of earning them. Since some respondents did not indicate the particular degree towards which they would be working, it was necessary to adopt an 'unclassified' catagory.

this chapter it should be noted that the figures reported herein are supported by the fact that 145 counselors signed their names and addresses on the inquiry form, thereby indicating their interest in receiving a report on the results and findings of this study. Since it was not required that they disclose their identity, it could be concluded that at least this number is more than superficially interested in this program. This does not include the 26 others who also requested a report of the findings of the study through letters of indorsement.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

1. Summary

Purpose.-- This study has attempted to determine the training needs of vocational rehabilitation counselors in New England. Specifically, the nature and scope of the necessary professional competencies which should be developed through a graduate training program and the extent of the workers' interest in personally securing this training through university study or extension work.

Justification.-- The study is justified by the fact that no organized program of training on a university level exists in New England for these professional workers; that those currently employed as rehabilitation counselors possess a varied and sometimes unrelated background with no common areas of training; that there exists an acute shortage of adequately trained personnel which is being seriously felt in view of the mounting number of disabled persons requiring the services of vocational rehabilitation counselors; and that these disabled represent a serious economic burden to society if their rehabilitation needs are not met.

Though the literature which can be quoted to support the need for a training program for this group is scant, the various reports of National Rehabilitation Association, the Office of Vocational Rehabilitation of the Federal Security Agency, and other state agencies have from time to time realized and verbalized the need for a training program especially planned to help the workers in this profession meet their particular problems. Various universities in the New England area also have realized the need for such training and have attempted to meet the most pressing of these needs by providing special courses, which though helpful have not really been adequate.

Scope and Procedure.-- All the above facts pointed to the need for a study to determine the areas in which these workers needed training and the scope and extent of their interest in a program designed to meet the most pertinent needs in these areas.

A survey instrument was devised to secure this information. This inquiry form was mailed to 569 workers in vocational rehabilitation and other closely related fields. The names of these participants were secured with the cooperation and assistance of the various agencies employing vocational rehabilitation workers. From this group of 569 workers usable returns were received from 249. The conclusions presented herein are based upon this number.

2. Findings and Conclusions

Findings based on Section I of the inquiry.-- The results of the survey show that all of the eight areas of training presented to rehabilitation workers for appraisal were considered pertinent in a training program. These presented in the order of felt need are as follows:

1. Understanding Human behavior specifically in terms of the handicapped.
2. Occupational and Educational Information
3. Interviewing
4. Techniques of Supervision
5. Interpretation of Medical Information
6. Psychological tests to assist in understanding the handicapped
7. Locating and Using Community resources
8. Knowledge of Legislation pertinent to Rehabilitation.

From the large list of additional training suggestions made by the respondents, Field Training was considered to be another pertinent area in the program.

Conclusions from item analysis.-- From the standpoint of in-service training needs the item analysis revealed that most of the items in which further training was needed were in the areas of (1) Understanding Human behavior specifically in terms of the handicapped, (2) Psychological Tests to assist in understanding the handicapped, (3) Techniques of Supervision. Though Table 5 shows all areas to be essential most items in these areas were rated low in 'no need' and high in 'most need', thus supporting the conclusion that these are the most important areas in terms of an in-service training program.

Those items which rated high in the 'need provided' column were used as a basis to determine the training needs of newcomers into the field. It was felt that if the need for certain training was acute enough to force the counselor to make some provision for it, then those items must be basic to any training program. From this standpoint the areas of Interviewing, Occupational and Educational Information, Understanding Human Behavior Specifically in Terms of the Handicapped, Interpretation of Medical Information, were indicated as the basic areas of training for newcomers into the field of vocational rehabilitation. These findings are supported by the tabulated data and by the numerous comments and suggestions received and reported.

Specifically then, the important areas for a total program of training either on a graduate or under-graduate level, are as follows:

1. Understanding Human Behavior Specifically in Terms of the Handicapped.
2. Occupational and Educational Information
3. Interviewing
4. Techniques of Supervision

The remaining areas though not as highly rated would not be excluded. They would not however require primary consideration in setting up an initial program of training.

Findings based on Section II of the inquiry.-- The re-

sults of this section show that a substantial number of workers are sufficiently interested in a program of training for degree credit to start in the fall of 1952-53 on a part-time basis, either at a university or through extension courses. Most of these workers are interested in working towards the Master's degree. The most typical academic load to be carried was two courses. The spot map (Figure 1.) shows that the largest number of requests for extension courses came from three areas, namely: Boston, Providence and Hartford. However, Concord, N. H., and Worcester also were favored.

3. Recommendations

Based upon the results of this study, the following recommendations are suggested:

1. Definite plans should be formulated by some educational institution that could provide the facilities and personnel with which it could arrange to meet the demand for a specific program of training to meet the needs of vocational rehabilitation counselors.

2. This program, at first, should be on a graduate level, but further study should be made to determine the need for courses on an undergraduate level.

3. Since this is only an exploratory study, more research should be done on the clarification of aims and objectives for such a program, the length of time that

should be required for its completion, and the type of degree which should be granted.

4. Since field work was so highly recommended by current workers in vocational rehabilitation counseling, further study should be made of the possibilities of coordinating course work with supervised field study for counselors in the various state and private agencies.

5. Definite plans should be made to meet the demand for extension course work in those areas where the need is known to be greatest.

6. That further study be made as to whether rehabilitation should be regarded as a distinct discipline, perhaps with the emphasis place on counseling, or whether it should be connected with social work, education, psychology, or any other related field.

7. That the university setting up training courses look into the possibilities of helping the profession achieve professional status, a code of ethics, and some standing among the other professions.

8. Further study should be made to determine what other competencies, if any, vocational rehabilitation counselors should possess other than those which can be acquired through course work.

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APPENDIX

INQUIRY TO VOCATIONAL REHABILITATION WORKERS IN THE NEW ENGLAND AREA

DIRECTIONS: Kindly indicate your answer to Question I. If you check "Yes", please answer the other questions and return this form. If you check "No", you need not complete the other questions, but simply return the form in the enclosed envelope.

I. Are you interested in securing organized university sponsored training leading to greater competence in vocational rehabilitation? (Please check)

____Yes

____No

II. Please check once( ) the kind(s) of training you would like to gain through university study; and check twice( ) the kind(s) of training for which you feel the greatest need.

1_____How to establish and maintain a counseling relationship with individuals throughout their rehabilitation.

2_____Techniques of interviewing.

3_____An understanding of human behavior and motivation, and of the environmental factors which may condition them, specifically in terms of the handicapped individual.

4_____How to recognize manifestations of physical and mental disabilities and their relationship to vocational adjustment.

5_____How to analyze reports furnishing medical data and to interpret the relationship of the disabilities to job requirements.

6_____Administration and interpretation of psychological tests for guidance purposes.

7_____More understanding of the possible effects of handicaps on personality, in relation to emotional and vocational adjustment.

8_____How to evaluate aptitudes, skills, interests, and educational background of the client in terms of job adjustment.

9_____How to locate and use information concerning job requirements, trends, opportunities, and facilities for preparation and training.

10_____A familiarity with employment procedures, and how to locate suitable jobs for the clients.

11_____How to analyze occupations and workers in terms of job requirements, the skills required and the physical demands of the job.

12_____How to interpret the potential capacities and abilities of disabled persons to the employers, to secure their cooperation in placement and adjustment of clients.

13_____How to make use of, develop, and utilize those community resources which can assist the client in his total rehabilitation.

14_____A knowledge of legislation pertinent to the rehabilitation of disabled persons, as well as current social and economic welfare programs.

15_____How to maintain case records.

16_____How to create in the community, an improved understanding of total rehabilitation, and its relationship to education, health and welfare services.

III. What additional suggestions do you have for a program of training that would best meet your needs?

IV. Would you be interested in earning academic credit through course and field work to apply to a degree program? (Please check)

_____Yes
_____No
_____Undecided

If you checked "Yes" would you be interested in applying this credit to a:(please check)

_____Bachelor's Degree
_____Master's Degree
_____Doctor's Degree

V. Would you be interested in beginning this training in: (please check)

1952--1953:			1953--1954:	
Full Time	Part Time		Full Time	Part Time
_____	_____	Fall Term	_____	_____ Fall Term
_____	_____	Spring Term	_____	_____ Spring Term
_____	_____	Summer Term	_____	_____ Summer Term

VI. If you were to study part-time, how much of a study load would you consider carrying? (please check)

_____One Course
_____Two Courses
_____Three Courses

VII. Would you be interested in attending an extension course in vocational rehabilitation if one were to be offered in the area of your needs, and within commuting range of your work? (please check)

_____Yes
_____No
_____Undecided

*****

Please return completed form to:
Frieda A. Sapienza
B.U. School of Education
332 Bay State Road
Boston, Mass.

BOSTON UNIVERSITY
SCHOOL OF EDUCATION
332 BAY STATE ROAD
BOSTON 15, MASSACHUSETTS

APPENDIX B

Dear

Will you help us to find out if there is a need for an organized university sponsored program of training in vocational rehabilitation in the New England area? In recent years there has been increasing interest in the possibility of making available a degree program of courses and field work in vocational rehabilitation at the graduate level. But steps to provide such an offering have been delayed because it was not known (1) how many persons would be interested in further professional study, and (2) what kinds of professional knowledges and skills, if any, workers felt the greatest need of securing or developing further.

This inquiry is an attempt to get answers to both of these questions. The survey is being sponsored by the Massachusetts Tuberculosis and Health League and the Boston University School of Education on behalf of all interested persons and associations.

We hope you will feel that the study is significant enough to take a few minutes to fill out the enclosed inquiry form. You will note that the identity of cooperating individuals is not being sought. You can be assured, however, that the information you provide anonymously will help to determine the kind and extent of further training opportunities that may be provided in the New England area for yourself and your co-workers.

May we count on your help? A self-addressed, stamped envelope is enclosed for your convenience in replying.

Sincerely,

Frieda A. Sapienza

Frieda A. Sapienza
Research Assistant

APPENDIX C

Items of Training For Vocational Rehabilitation Counselors and The Extent of Felt Need As Shown by Trial Inquiry

Areas of Training	Gr. Need	Need	No Resp.
How to interpret the potential capacities and abilities of disabled persons to the employers to secure their cooperation in placement and adjustment of clients.	7	3	2
A familiarity with employment procedures, and how to locate suitable jobs for the clients.	6	5	1
An understanding of human behavior and motivation, and of the environmental factors which may condition them, specifically in terms of the handicapped individual.	6	5	1
How to create in the community, an improved understanding of total rehabilitation, and its relationship to education, health and welfare services.	5	4	3
How to make use of, develop, and utilize those community resources which can assist the client in his total rehabilitation.	5	4	3
How to establish and maintain a counseling relationship with individuals throughout their rehabilitation.	4	4	4
How to evaluate aptitudes, skills, interests, and educational background of the client in terms of job adjustment.	4	4	4
Techniques of interviewing.	3	3	6
How to analyze reports furnishing medical data and to interpret the relationship of the disabilities to job requirements.	3	5	4
Administration and interpretation of psychological tests for guidance purposes.	3	4	5
More understanding of the possible effects of handicaps on personality in relation to emotional and vocational adjustment.	2	7	3
How to locate and use information concerning job requirements, trends, opportunities, and facilities for preparation and training.	2	5	5
How to analyze occupations and workers in terms of job requirements, the skills required and the physical demands of the job.	2	3	7
A knowledge of legislation pertinent to the rehabilitation of disabled persons, as well as current social and economic welfare programs.	2	8	2
How to maintain case records.	1	5	6
How to recognize manifestations of physical and mental disabilities and their relationship to job requirements.	1	7	4

APPENDIX D

Degree of Personal Interest As Shown By Trial Inquiry

Type of Degree				Interest In Training				
No Resp.	Bach-elors	Mas-ters	Doc-tors	Section	Yes	No	Unde-cided	No Resp.	Total
7		5	2	IV. Would you be interested in earning academic credit through course and field work to apply to a degree program	8	1	3	2	14
				VII. Would you be interested in attending an extension course if one were to be offered in the area of your needs, and within commuting range of your work	9		4	1	14

APPENDIX E

Approximate Date Training Will Be Started As Shown By Trial Inquiry

Section V	Full Time	Part Time	No Resp.	Total
Year: 1952-1953				
Fall		4	6	10
Spring		3		3
Summer				
Year: 1953-1954				
Fall			1	1
Spring				
Summer			Total	14

APPENDIX F

Study Load Which Can Be Conveniently Carried As Shown By Trial Inquiry

Section VI - Number of Courses

	One	Two	Three	No Resp.	Total
Number of Respondents	7	3		4	14

APPENDIX G

INQUIRY TO VOCATIONAL REHABILITATION COUNSELORS IN THE NEW ENGLAND AREA

The purpose of this inquiry is twofold: (a) to determine the nature and extent of professional competencies which counselors doing vocational rehabilitation work need, and would like to develop through further education; (b) the extent of their interest in securing such education through university study or extension work. These items related to professional competence have been selected after a careful review of the literature on the education of vocational rehabilitation workers, but do not necessarily represent ALL important areas in which training may be needed.

Section I, KINDS OF COMPETENCIES NEEDED, seeks to determine whether YOU feel you have a personal need for further education in the several areas of competencies listed, and the degree to which this need is felt, if at all.

Section II, PERSONAL INTEREST IN FURTHER EDUCATION, seeks to determine the conditions under which you would be interested in gaining the desired education, should it be provided through an organized, university sponsored program.

DIRECTIONS: After reading each item carefully, please indicate your decision by placing a check mark opposite each item, in the appropriate column or space provided.

(a) Place a check mark in COLUMN 1, opposite those items suggesting the kinds of further education for which you feel the MOST need.

(b) Place a check mark in COLUMN 2, opposite those items suggesting the kinds of education for which you feel a need, but which are less pressing than those checked in Column 1.

(c) Place a check mark in COLUMN 3, opposite those items suggesting the kinds of education which you have needed, but have already provided for through courses or other training.

(d) Place a check mark in COLUMN 4, opposite those items suggesting kinds of competencies for which you have little or no need at present.

SECTION I

	COLUMN 1	2	3	4	
					1. INTERVIEWING:
a					a. How to establish and maintain rapport.
b					b. How to structure the interview.
c					c. How to recognize and clarify the feelings of the client.
d					d. How to help the client toward achieving insight and self-understanding.
e					e. How to facilitate the gaining of positive feelings and action.
f					f. Methods of termination and referral.
g					g. Other_____
					2. UNDERSTANDING HUMAN BEHAVIOR SPECIFICALLY IN TERMS OF THE HANDICAPPED:
a					a. Knowledge of motivational factors.
b					b. Knowledge of environmental and hereditary factors.
c					c. Understanding effects of economic and social pressure.
d					d. Understanding effects of handicaps on personality.
e					e. How to assist the client to achieve emotional and psychological adjustment.
f					f. How to help the client's family understand the problems related to the individual's adjustment to his handicap.
g					g. Understanding effect of handicaps on vocational adjustment.
h					h. How to maintain adequate case records.
i					i. Other_____
					3. INTERPRETATION OF MEDICAL INFORMATION:
a					a. How to recognize manifestations of mental and physical disabilities.
b					b. How to analyze reports furnishing medical data.
c					c. Interpreting and analyzing physical disabilities and their relationship to job requirements.
d					d. Other_____

Summary of Code: Column 1, MOST NEEDED.
Column 2, Needed.
Column 3, Needed, but already provided for.
Column 4, Little or no need.

	1	2	3	4	
					4. PSYCHOLOGICAL TESTS TO ASSIST IN UNDERSTANDING OF THE HANDICAPPED:
					a. Knowledge of available psychological testing facilities for guidance purposes.
b					b. Understanding the scope and purpose of psychological tests and inventories in terms of the handicapped.
c					c. Familiarity with tests useful in counseling handicapped individuals.
d					d. How to understand, interpret and use their results in assisting in educational and vocational planning of the handicapped.
e					e. Other _____
					5. OCCUPATIONAL AND EDUCATIONAL INFORMATION:
a					a. How to evaluate aptitudes, skills, interests and educational background of the handicapped in terms of job adjustment.
b					b. How to locate and use information concerning job requirements and opportunities.
c					c. How to recognize trends and prepare for them.
d					d. How to become familiar with employment procedures.
e					e. How to analyze occupations and workers in terms of skills required and physical demands of the job.
f					f. How to interpret the potential capacities and abilities of disabled persons to the employers.
g					g. How to secure their cooperation in the placement and total adjustment of the client.
h					h How to locate and use information facilities concerning preparation and training of the handicapped.
i					i Understanding relationship of emotional adjustment to job adjustment.
j					j. Other _____
					6. LOCATING AND USING COMMUNITY RESOURCES:
a					a. How to utilize and develop contacts with those local, state or national resources which can assist the client towards his total rehabilitation.
b					b. How to create an improved understanding in the community of total rehabilitation and its relationship to education, health and welfare services.
c					c. How to assist the handicapped in becoming reoriented to his societal environment.
d					d. Using local press, radio and other public relations media for promoting the public's understanding of vocational rehabilitation.
e					e. Other _____
					7. KNOWLEDGE OF LEGISLATION PERTINENT TO REHABILITATION:
a					a. Understanding current social and welfare programs.
b					b. How to keep up with legislation pertinent to the total rehabilitation of the handicapped.
c					c. Knowledge of professional organizations and literature pertaining to rehabilitation.
d					d. Others _____

Summary of Code: Column 1, MOST NEEDED.
Column 2, Needed.
Column 3, Needed, but already provided for.
Column 4, Little or no need.

1 2 3 4 8. TECHNIQUES OF SUPERVISION:

a. Effective organization and administration of the rehabilitation center.
b. Knowledge of Budgets and Financial outlays.
c. Knowledge of community resources and how to secure cooperation.
d. How to secure the physical facilities needed to assist in the work of rehabilitation.
e. How to develop and maintain a good public relations program.
f. Knowledge of desirable qualifications for rehabilitation personnel.
g. Other_____

9. Do you feel that the competencies as described above represent an adequate description of those essential in performing the work of the Vocational Rehabilitation Counselor?

___Yes
___No

10. If not, what further areas of training would you like to see included in a comprehensive program of education and training?

SECTION II

PERSONAL INTEREST IN FURTHER TRAINING

1. Would you be interested in earning academic credit through course and field work to apply to a degree program?

_____Yes
_____No
_____Undecided

2. If you checked "Yes" would you be interested in applying this credit to a:

_____Bachelor's Degree? _____Doctor's Degree?
_____Master's Degree _____C. A. G. S.?

3. Would you be interested in beginning this training in:

1952--1953:		1953--1954:	
Full Time:	Part Time:	Full Time:	Part Time:
_____	_____Fall Term	_____	_____Fall Term
_____	_____Spring Term	_____	_____Spring Term
_____	_____Summer Term	_____	_____Summer Term

4. If you were to study part-time, how much of a study load would you consider carrying?

_____One Course?
_____Two Courses?
_____Three Courses?

5. Would you be interested in attending an extension course in vocational rehabilitation if one were to be offered in the area of your needs and within commuting range of your work?

_____Yes
_____No
_____Undecided.

If you would like to be notified when and where the findings of this study may be made available, please sign your name and address below:

NAME _____
TITLE OR POSITION _____
STREET _____
CITY OR TOWN _____ STATE _____

*****

Please return completed forms to
Frieda A. Sapienza
B. U. School of Education
332 Bay State Road
Boston, Mass.

APPENDIX H

BOSTON UNIVERSITY SCHOOL OF EDUCATION, Boston, Mass.
March 12, 1952

Dear Counselor:

A few days ago we mailed you a Questionnaire concerning the educational needs of Vocational Rehabilitation Counselors in the New England area. You will be interested to know that we have had a fine response to this request. However, we want to have the benefit of the opinion and experience of EVERY Counselor in order that we can plan a training program which would be of greatest value to all.

If you have not returned your inquiry, won't you do so today? If you have, please accept our sincere thanks for your fine cooperation, and disregard this card.

Sincerely,
Frieda L. Zapruder

APPENDIX I

Rate of Total Response
(per day)

Week of	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Total
Feb. 25	10	18	30	22	17	8	105
March 3	10	10	10	10	7	8	55
March 10	5	9	6	5	4	4	33
March 17	14	15	20	4	4	3	60
March 24	6	3	3	3	4	4	23
April 1	0	0	1	0	2	3	6
April 8	0	1	0	24	0	0	25
Total	45	56	70	68	38	30	307

APPENDIX J

ANALYSIS OF MAIL RESPONSES

TYPES OF COUNSELORS	AREAS COVERED															
	MAINE		NEW HAMP.		VERMONT		MASS.		RHODE IS.		CONN.		NEW ENGLAND		PERCENT
	SENT	REC'D	SENT	REC'D	SENT	REC'D	SENT	REC'D	SENT	REC'D	SENT	REC'D	SENT	REC'D	REC'D
Div. of Employment Security	4	2	25	10	0	0	50	19	17	11	51	21	147	73	50%
Doctors in Physical Medicine	0	0	0	0	0	0	18	10	0	0	0	0	18	10	60%
Fed. Security Agency Office of Vocational Rehabilitation	4	4	5	4	6	3	22	9	10	9	25	14	72	43	60%
Occupational Therapists	9	4	9	3	9	6	52	17	13	7	17	6	109	43	39%
Physical Therapists	2	1	2	1	2	2	5	3	4	2	6	2	21	11	52%
Social Work Consultants	0	0	0	0	0	0	0	0	21	13	0	0	21	13	62%
State Agencies for the Blind	4	2	4	1	4	2	1	1	6	2	5	2	24	10	42%
T. B. Personnel	1	1	0	0	0	0	43	29	0	0	11	7	55	37	68%
Veterans Administration	8	4	15	11	6	6	41	32	16	9	0	0	86	62	72%
Unclassified	0	0	0	0	0	0	5	3	1	1	0	0	6	5	83%
Totals	32	18	60	30	27	19	212	123	88	54	115	52	559	307	
Percent Received of Total Mailed, Per State		56%		50%		70%		58%		61%		45%		55%	

APPENDIX K

Raw Score of Ratings given to Individual Items on Inquiry Form by 249 Respondents

Area & Item	Competencies	Most Need	Need	Need Prov.	No Need	No Resp.
2--e	How to assist the client to achieve emotional and psychological adjustment.....	108	56	63	11	11
8--a	Effective organization and administration of the rehabilitation center.....	89	61	41	46	13
1--d	How to help the client toward achieving insight and self-determination.....	79	57	81	27	5
3--a	How to recognize manifestations of physical and mental disabilities.....	79	52	92	22	47
2--d	Understanding effects of handicap upon personality.....	78	65	89	12	5
4--d	How to understand, interpret and use results of psychological tests in assisting educational and vocational planning of the handicapped.....	77	59	77	32	4
3--c	Interpreting and analyzing physical disabilities and their relationship to job requirements.....	77	42	100	26	4
2--a	Knowledge of motivational factors.....	76	52	90	10	21
6--b	How to create an improved understanding in the community of total rehabilitation and its relation to education, health and welfare services.....	75	79	64	27	4
5--g	How to secure employer's cooperation in placement and adjustment of the client...	68	65	67	38	11
2--f	How to help the client's family to understand the problems related to the individual's adjustment to his handicap.....	67	73	69	25	15
8--d	How to secure physical facilities for rehabilitation programs.....	65	66	59	40	19
5--a	How to evaluate aptitudes, skills, interests and educational background of handicapped in terms of job adjustment.....	64	50	97	30	8
4--b	Understanding scope and purpose of pyschological tests, inventories in terms of the handicapped.....	64	66	87	26	6
7--b	How to keep up with Legislation pertinent to the total rehabilitation process.....	62	84	71	26	6
8--b	Knowledge of Budgets and Financial outlays	62	73	45	55	14
5--l	Understanding relationship of emotional adjustment to job adjustment.....	62	61	88	28	10

APPENDIX K
(cont.)

Area & Item	Competencies	Most Need	Need	Need Prov	No Need	No Resp.
8--e	How to develop and maintain good public relations	61	91	47	36	14
2--g	Understanding effect of handicap on vocational adjustment	61	60	96	20	12
4--a	Knowledge of available psychological testing facilities for guidance purposes	58	60	89	37	5
2--b	Knowledge of environmental and hereditary factors	57	62	93	20	17
8--f	Knowledge of desirable qualifications for rehabilitation	57	61	69	45	17
5--f	How to interpret potential capacities and abilities of disabled persons to employers	55	61	87	37	9
5--e	How to analyze occupations and workers in terms of skills required and physical demands of the job	55	48	108	29	9
4--c	Familiarity with tests useful in counseling the handicapped	59	68	83	32	7
8--c	Knowledge of community resources and how to secure cooperation	54	71	80	34	10
6--d	Using press, radio and other public relations media	54	59	79	47	10
5--c	How to recognize job trends and prepare for them	53	68	114	32	13
1--e	How to facilitate the gaining of positive feeling and action	53	62	93	26	15
7--a	Understanding current social and welfare programs	52	81	84	23	10
2--c	Understanding effects of social and economic pressure	49	68	100	20	12
3--b	How to analyze reports furnishing medical data	49	67	96	28	9
1--c	How to recognize and clarify feelings of the client	48	48	111	32	10
5--b	How to locate and use information concerning job requirements and opportun.	45	45	114	32	13
6--c	How to assist handicapped in becoming re-oriented to societal environment	44	96	78	22	9
6--a	How to utilize and develop contacts with those local, state or national resources which can assist the client towards his total rehabilitation	44	55	106	33	11
5--h	How to locate and use information and facilities concerning preparation and training ofhandicapped	39	61	100	27	12

APPENDIX K
(concluded)

Area & Item	Competencies	Most Need	Need	Need Prov	No Need	No Resp.
5--d	How to become familiar with employment procedures.....	31	57	103	44	14
2--h	How to maintain adequate case records.....	30	42	109	52	16
1--b	How to structure the interview.....	26	41	130	38	14
1--a	How to establish and maintain rapport.....	24	32	128	49	16
1--f	Methods of termination and referral.	21	31	113	65	19