Foundations of Rehabilitation Counseling

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Statement of Learning Objectives

Upon completion of this lesson, the reader will be able to (1) identify the history and background regarding the professionalization of rehabilitation counseling; (2) identify roles, functions, knowledge, and skill domains central to effective contemporary rehabilitation counseling practice; (3) identify current credentialing standards of rehabilitation counselors and emerging issues involving state licensure requirements; (4) identify emerging knowledge areas and issues regarding the educational requirements for rehabilitation counselors; and (5) evaluate his or her in-service training needs for effective practice in contemporary settings.

Introduction

The primary goal of rehabilitation counseling is to assist individuals with disabilities gain or regain their independence through employment or some form of meaningful activity.[1,2,3] This goal is based on the fundamental assumption that meaningful activity provides one venue to which individuals with disabilities can become productive members of society, establish social networks and interpersonal relations, and ultimately experience a good quality of life. While the goals of rehabilitation counseling are relatively unequivocal, the process by which rehabilitation counselors work with clients to achieve these goals has become increasingly diverse and complex due to the broadening scope of disability groups served, and the various settings in which rehabilitation counseling services are provided. Moreover, rehabilitation counselors are not immune to the emerging trends of state licensure laws; these laws undoubtedly affect the settings to which rehabilitation counselors may be employed, and the competencies deemed necessary to become a qualified rehabilitation counselor within the broader context of the counseling profession.

The rehabilitation counseling profession has undergone significant changes since it's inception in the 1920's. As a result of emerging service delivery trends, the expansion of knowledge areas, the counselor licensure movement, legislative mandates, and the growing diversity of settings in which the practice of rehabilitation counseling takes place, rehabilitation counselors must necessarily broaden the scope of their own knowledge in order to continue the provision of effective rehabilitation counseling services to their clients. The authors will present an overview of many of the changes that have occurred, and those that are currently taking place,

in the field of rehabilitation as well as present the controversial issues regarding counselor licensure and how these issues affect the educational and training needs of rehabilitation counseling students and practicing rehabilitation counselors. This lesson will help the reader (1) identify the history and background regarding the professionalization of rehabilitation counseling; (2) identify roles, functions, knowledge, and skill domains central to effective contemporary rehabilitation counseling practice; (3) identify current credentialing standards of rehabilitation counselors and emerging issues involving state licensure requirements; (4) identify emerging knowledge areas and issues regarding the educational requirements for rehabilitation counselors; and (5) evaluate his or her in-service training needs for effective practice in contemporary settings.

History and Background

Rehabilitation counseling emerged as a distinct profession in 1920 with the passage of the Smith-Fess Act, which established the federal-state vocational rehabilitation (VR) program.[3] The training provision of the Vocational Rehabilitation Act Amendments of 1954 (PL 565) further spurred the profession by allocating funding for the development of widespread master's level rehabilitation counseling training programs. This training provision, along with the research and demonstration provision of PL 565, provided a strong foundation for the professionalization of rehabilitation counselors. [3]

Support for the effectiveness of graduate rehabilitation counselor training programs was found through a series of studies conducted by Szymanski and colleagues as well as other independent researchers[4,5,6,7,8] who investigated the relationship of rehabilitation counselor education and experience to client outcomes in Arkansas, Maryland, New York, and Wisconsin. Results from these studies suggested that counselors with master's degrees in rehabilitation counseling (or closely related fields) produce better outcomes for clients with severe disabilities as compared to counselors without such educational preparation. These findings underscored the importance of mastering the knowledge and skill domains essential to rehabilitation counseling practice through formal education.

As a result, in 1997 the Rehabilitation Act was amended to include the Comprehensive System of Personnel Development (CSPD), which was designed to ensure that federal-state VR programs employ rehabilitation counselors who hold the highest local or national certification licensing credential for the field. This mandate required all new hires as well as currently employed rehabilitation counselors to have or obtain a master's degree in rehabilitation counseling and/or being able to obtain the national Certified Rehabilitation Counselor (CRC) certificate.

Importantly, the professionalization of rehabilitation counseling has been shaped significantly by graduate training programs that have, for many years, been grounded in providing students with the knowledge and skills necessary for working with persons with physical and mental disabilities within federal-state VR programs. This trend, however, has been changing as the scope of disability groups broaden and the professional practice of rehabilitation counseling is no longer restricted to federal-state VR programs. Today, rehabilitation counselors work in various settings including proprietary rehabilitation companies, private practice, private non-profit rehabilitation facilities/organizations, insurance companies, medical centers or general hospitals, and businesses/corporations,[10] and are required to meet the diverse needs of a wider

and more complex spectrum of disability groups with various degrees of severity. While the central role of rehabilitation counselors has not changed substantially, the specific functions of counselors do vary according to their practice settings (public, private for profit, community-based rehabilitation organizations, etc.) and the disability group being served. The diversity of rehabilitation counseling functions has become increasingly apparent in recent studies investigating the roles, functions, knowledge and skills of today's rehabilitation counselors.

Definition

Rehabilitation counseling has been described as a process where the counselor works collaboratively with the client to understand existing problems, barriers and potentials in order to facilitate the client's effective use of personal and environmental resources for career, personal, social and community adjustment following disability.[1] In carrying out this multifaceted process, rehabilitation counselors must be prepared to assist individuals in adapting to the environment, assist environments in accommodating the needs of the individual, and work toward the full participation of individuals in all aspects of society, with a particular focus on independent living and work.[2]

Philosophy

With the passage of the 1973 Rehabilitation Act Amendments emphasizing services to people with severe disabilities, the philosophy of rehabilitation has evolved from an economic-return philosophy to a disability rights philosophy. Issues related to consumerism have received considerable attention, particularly in recent years, in the field of vocational rehabilitation. The demand for consumerism was first reflected in the legislative arena with the passage of the 1973 Rehabilitation Act Amendments, when consumer involvement was mandated in the rehabilitation planning process. Not surprisingly, the mandate that the Individualized Written Rehabilitation Program (IWRP) be required by statute was the result of efforts by advocacy groups such as the American Coalition of Consumers with Disabilities, and was the first time that consumers were recognized by legal statute as equal partners in the rehabilitation process.

More recently, the 1992 and 1998 Amendments to the Rehabilitation Act extended the active role of consumers throughout the vocational rehabilitation process. For example, both Sections 101 and 102 of the 1992 Rehabilitation Act Amendments emphasize the importance of empowering people with disabilities in selecting their own career goals and developing their own written rehabilitation programs. The importance of empowerment continued with the passage of the 1998 Amendments to the Rehabilitation Act, as new provisions enhanced the collaborative relationships between consumers and rehabilitation counselors throughout the vocational rehabilitation process (e.g., enhancement of consumer informed choice and the cooperative development of the Individualized Plan for Employment). These legislative and philosophical changes reflected consumer discontent with a system viewed by many as paternalistic and disempowering. The traditional hierarchical counseling structure, where the counselor occupies the power position, is generally perceived by consumers as detrimental to the optimal rehabilitation of people with disabilities. Active participation by both consumers and counselors is viewed as the most viable alternative to the traditional helping relationship. This evolved philosophy of rehabilitation emphasizes consumer involvement and empowerment, which should

lead consumers to take more responsibility and ownership in their vocational rehabilitation program.

Within the disability rights context, the goals of rehabilitation have been identified as: (a) inclusion, (b) opportunity, (c) independence, (d) empowerment, (e) rehabilitation, and (f) quality life. Both rehabilitation professionals and consumers generally accept the notion that the goals of the rehabilitation process can be better achieved when there is maximum consumer involvement in the development, implementation, and use of vocational rehabilitation services. The concept of consumer informed choice is intended to maximize the involvement of consumers in their vocational rehabilitation programs. Rehabilitation counselors assist consumers in exercising informed choice throughout the vocational rehabilitation process by (a) providing consumers with information pertaining to various options (e.g., job development service providers, vocational evaluation service providers, IPE development), (b) providing recommendations and professional opinions, and (c) providing consumers with information concerning the policies and procedures on service provision (e.g., comparable benefits, licensure and accreditation of service providers).

Roles and Functions

Muthard and Salamone[11] conducted the first study investigating the roles and functions of rehabilitation counselors working in state VR programs – the dominant practice setting at that time. Their results suggested that counselors divide their time equally among three areas including: (a) counseling and guidance; (b) clerical work, planning, recording, and placement; and (c) professional growth, public relations, reporting, resource development, travel, and supervisory administrative duties.

Since this investigation, roles and functions studies have been conducted on a regular basis, with several receiving support from the Commission on Rehabilitation Counselor Certification (CRCC) and the Council on Rehabilitation Education (CORE).[12, 13, 14]

For example, Leahy et al.[10] conducted the most recent roles and functions study, which involved a survey of a large random sample of certified rehabilitation counselors. This study examined the perceived importance of major job functions and knowledge domains that underlie contemporary rehabilitation counseling practice and credentialing. Results revealed seven major job functions as central to the professional practice of rehabilitation counseling in today's practice environment including: (a) vocational counseling and consultation, (b) counseling interventions, (c) community-based rehabilitation service activities, (d) case management, (e) applied research, (f) assessment, and (g) professional advocacy.

The vocational counseling and consultation function was composed of four subfactors including: (a) job development and placement, (b) career counseling, (c) employer consultation, and (d) vocational planning and assessment. The tasks associated with counseling interventions were organized into three subfactors including (a) providing individual, group, and family counseling; (b) building consumer-counselor working relationships; and (c) helping consumers cope with specific psychosocial issues related to disabilities. The community-based rehabilitation service function represents activities that involves such tasks as (a) researching resources and funding available in the community for consumers, (b) advocating for consumers and their families, (c) benefits counseling, (d) and marketing rehabilitation services to the community. The case management function involves activities such as: (a) obtaining written reports regarding

client progress, (b) developing rapport/referral network with physicians and other rehabilitation health professionals, (c) reporting to referral sources regarding progress of cases, and (d) making financial decisions for caseload management. The applied research function focuses primarily on applying research skills to professional practice (e.g., reviewing clinical rehabilitation literature on a given topic or case problem). The assessment function represents assessment activities such as selecting and administering standardized tests and conducting ecological assessment. Finally, the professional advocacy function involves applying disability-related policy and legislation to daily rehabilitation practices.

On a daily basis, the most frequently performed tasks fall under the functional domains of case management, professional advocacy, and counseling, followed by vocational consultation, assessment, utilization of community-based services and applied research.

As expected, Leahy et al.'s[10] study as compared to Muthard and Salamone's [11] seminal study, reflects a more expansive and sophisticated job role for rehabilitation counselors that has undoubtedly been affected by current service delivery trends, the counselor licensure movement, mandates to serve people with the most severe disabilities in state VR programs, and emerging disability management models in private rehabilitation. Other factors influencing these changes include evolving federal legislative mandates (e.g., Rehabilitation Act Amendments, Americans with Disabilities Act, IDEA, and Ticket to Work and Work Incentives Improvement Act), state workers' compensation laws, and the managed care movement.[9]

Knowledge and Skill Domains

Rubin and Roessler[15] proposed that in order for persons with disabilities to be effectively served, rehabilitation counselors must operate as "sophisticated professionals" who possess multiple skills and knowledge domains and have the ability to integrate a multifaceted service delivery system. Leahy et al. [10] identified six knowledge and skill domains perceived by certified rehabilitation counselors as important for contemporary rehabilitation counseling practice including: (a) career counseling, assessment and consultation; (b) counseling theories, techniques, and applications; (c) rehabilitation services and resources; (d) case and caseload management; (e) healthcare and disability systems; and (f) medical, functional, and environmental implications of disability.

The career counseling, assessment and consultation services domain represents knowledge in vocational consultation and employer services, job development/job placement, and career counseling and assessment techniques. The counseling theories, techniques, and applications domain represents knowledge in mental health counseling, group and family counseling, individual counseling, psychosocial and multicultural counseling, and professional issues. The rehabilitation services and resources domain represents knowledge related to supported employment and school to work transition, independent living, benefits counseling, healthcare and rehabilitation systems, and other community resources. The case and caseload management domain represents knowledge related to principles of caseload management, clinical problem-solving skills, case recording and documentation, interdisciplinary teamwork, and conflict resolution strategies. The healthcare and disability systems domain represents knowledge required to perform rehabilitation case management functions in integrated disability management systems. The medical, functional and environmental implications of disability

domain represents knowledge related to medical and functional limitations of disabilities and their vocational implications.

Counselors participating in the Leahy et al. [10] study rated all these knowledge areas as important to effective rehabilitation counseling practice. Specifically, knowledge in medical/functional and environmental implications of disability and case and caseload management was rated by the counselors as very important knowledge and rehabilitation services and resources, career counseling, assessment and consultation services, counseling theories, techniques, and applications, and healthcare and disability systems were rated as important knowledge for rehabilitation practice.

Leahy et al.'s [10] study also highlighted the renewed emphasis and need for clinical counseling skills and underscored the emergence of a rehabilitation counseling in settings other than federal-state VR programs including such arenas as community-based rehabilitation programs and disability management systems. The authors point out that the relatively high importance ratings for knowledge items related to social security programs, benefits and disincentives, substance abuse and treatment, techniques for counseling individuals with psychological disabilities, mental heath and psychiatric disability concepts, ethical decision making models and processes, clinical problem solving and critical thinking skills, negotiation and conflict resolution strategies, and transferable skills analysis are indicative of new service delivery models and practice trends.

Credentialing

The Certified Rehabilitation Counselor (CRC) credentialing process was the first, and considered to be the most, established certification mechanism in the counseling and rehabilitation professions within the United States.[16] The Commission on Rehabilitation Counselor Certification (CRCC) was officially incorporated in January 1974 to conduct certification activities on a nationwide basis. Since this time, over 23,000 qualified professionals have participated in the certification process. Today, over 15,000 CRCs are practicing in the United States and in several other countries.

The primary purpose of certification is to provide assurance to rehabilitation counseling clients that services will be provided in a manner that meets the national standards of quality. Such standards are also considered by the profession to be in the best interest of the client.[16, 17, 18] To guide these standards, the CRCC established a Code of Professional Ethics for Rehabilitation Counselors which delineates exemplary rehabilitation counseling as being a service that is client-centered, sensitive to an array of disabilities, vocationally inclusive, encourages a collaborative and multidisciplinary focus, and is defined within the context of an established profession.[19] In addition to the CRC credential, many rehabilitation counselors hold related credentials such as the certified case manager (CCM), which has a strong focus on medical case management, or the certified disability management specialist (CDMS) credential, which emphasizes vocational case management. The latter replaced the certified insurance rehabilitation specialist (CIRS) credential.

While credentialing has afforded rehabilitation counselors with practice standards and ethical guidelines for many years, rehabilitation counselor must become aware of the counselor licensure legislations in their states. Currently, 45 states along with the District of Columbia have enacted legislations to protect the title and regulate the professional practice of counseling. The

most common title in counselor licensure bills has been the Licensed Professional Counselor (LPC); other titles include licensed mental health counselor and licensed clinical professional counselor. While several states (e.g., Wisconsin and Illinois) consider the CRC credential in conjunction with appropriate clinical hours as meeting the licensure requirements, there is a growing tendency towards standardizing licensure requirements across states. Of particular importance is the 60-credit degree requirement that has been enacted in 24 states, which will have significant implications for rehabilitation counselors who graduated from a 48-credit rehabilitation counseling program.

Education and Training Issues

In-service training. While research suggests that the roles and functions of rehabilitation counselors has changed due to emerging service delivery trends and legislative mandates (e.g., Leahy et al. [10]), there is limited evidence suggesting that today's rehabilitation counselors are adequately prepared for these changes. For example, it is highly likely that knowledge and skills in such areas as healthcare and disability systems had not been covered when many CRCs received their graduate training. In fact, it is probable that many of the emerging knowledge areas (e.g., disability management, mental health and substance abuse) continue to remain outside the scope of the majority of current rehabilitation counselor education curricula. Nonetheless, in order to meet the demands of today's diverse practice environments and complex cases effectively, practicing rehabilitation counselors must become knowledgeable about both traditional and emerging knowledge areas.

In response to this, Chan et al.[20] conducted a study to examine the in-service training needs of practicing state VR rehabilitation counselors within each of the six knowledge domains identified by Leahy et al. [10] Chan et al. reported that the domain containing the greatest number of critical training needs was career counseling, assessment and consultation. Specifically, knowledge regarding evaluation procedures for assessing the effectiveness of rehabilitation services and outcomes, job modification and restructuring techniques, job accommodation services and employer practices and consultation services, employer development and job placement, client job retention skills, workplace culture and environment, and assistive technology are all considered critical knowledge needs by practicing rehabilitation counselors. Knowledge in rehabilitation services and resources was also identified as a very important training need, and included knowledge of financial resources and benefits, advocacy, dual diagnosis, and rehabilitation services in diverse settings. In addition, this study found an increased emphasis on clinical counseling knowledge and skills in the areas of multicultural counseling, substance abuse assessment and treatment, and management of psychological distress problems (e.g., depression and anxiety).

Chan et al. [20] also reported differential training needs based on practice settings. For example, counselors who work in state VR agencies indicated that career counseling, assessment and consultation are their most urgent training needs, whereas practitioners in community-based program rated training in rehabilitation services and resources as most important. In proprietary settings, counselors rated knowledge in healthcare and disability systems (e.g., expert testimony, workers' compensation law and practices, and employer-based disability prevention and management services) as well as career counseling, assessment and consultation as very important.

Pre-service training. Determining the roles and functions of rehabilitation counselors has been subjected to considerable debate. For example, Patterson, [21, 22] who first initiated this debate, proposed that the practice of rehabilitation counseling is primarily a sub-specialty within the broader field of counseling, and involves two fundamental roles. Specifically, he posited that federal-state VR agencies should employ graduate level trained rehabilitation counselors to function as either psychological counselors or rehabilitation coordinators, with the former role to involve working with clients who need personal adjustment counseling and the latter to involve providing case management and vocational adjustment counseling.

Whereas Patterson advocated a "two hats theory," Whitehouse[23] advocated the "big hat theory," proposing that rehabilitation counseling involves a number of roles and functions that justify a separate and distinct practice area that should not be subsumed under the greater rubric of counseling. Specifically, Whitehouse[23] suggested that rehabilitation counselors should be trained to work with the whole person, and as such, must have multiple behavioral competencies and a comprehensive knowledge base. In fact, Whitehouse[23] believed rehabilitation counselors should have skills that encompass many roles including those of a therapist, guidance counselor, case manager, case coordinator, psychometrician, vocational evaluator, educator, community and consumer advocate, and placement counselor.

This "big-hat" definition of rehabilitation counseling became the primary model used in the development of rehabilitation education and training curricula and certification in the 1970s. While this approach facilitated the development of a separate professional status for rehabilitation counseling, at the same time, it weakened the relationship of rehabilitation counseling to the broader field of counseling.[24] Today, debates regarding this relationship have reached the forefront, as state licensure increasingly becomes a standard of practice in many settings which rehabilitation counselors are employed. [25, 26]

Of particularly concern is whether current rehabilitation education and training curricula adequately prepares rehabilitation counselors for the reality of present day clientele and modes of service delivery, and affords them the tools to successfully compete in today's increasingly competitive market. For example, at present, the accreditation body for master's level rehabilitation counseling programs, CORE, specifies that graduates of master's degree in CORE accredited rehabilitation counseling program shall have participated in the equivalent of two-year full-time graduate study consisting of a minimum of 48 semester hours or 72 quarter hours. This standard has been called into question based on the need for expanding knowledge and skill domains, as well as the pressure current licensure laws require practitioners to graduate from a 60-credit hour program.

Leahy and colleagues[14,25] have been primary proponents for the adoption of the 60-hour credit requirement as the educational standard for master's level rehabilitation counseling program. Leahy [25] cites two fundamental reasons for this position: the complexity of current rehabilitation counseling practice and the counselor licensure movement. In regards to the first reason, Leahy argues that "every practice setting where rehabilitation counseling services are provided (public, private for-profit, community-based rehabilitation organizations) has undergone significant changes in the way that services are delivered to persons with disabilities and has simultaneously experienced the emergence of new knowledge and skill requirements for practitioners who deliver these services" (p. 383). Importantly, Leahy et al.[14] provide specific evidence of this expansion (in both breadth and depth) of rehabilitation knowledge.

Leahy [25] contends that the addition of 12 hours in the CORE curriculum will provide rehabilitation counselor educators the opportunity to better prepare students in the areas of assistive technology, disability management, forensic rehabilitation, community-based rehabilitation, and clinical counseling. In short, Leahy is arguing for the bigger-hat definition of rehabilitation counseling. In support of this, CORE produced a draft of curriculum standards that reflects the expansion of these competency areas that need to be addressed through the pre-service curriculum and these findings have been adopted by CRCC in order to revise test specifications for the national CRC examination.

Leahy's [25] second argument relates to his concern regarding recent developments in the counselor licensure movement. Unquestionably, Leahy views generic licensure as a threat to the survival of rehabilitation counseling. His argument is based on the fact that at present, nearly half of the states with counselor licensure laws have pre-service 60-hour educational requirements. Furthermore, the American Counseling Association and the American Association of State Counselor Licensure Boards are working closely to develop portability standards, which Leahy speculates will ultimately drive the standardization of educational requirements and give even more momentum to the 60-hour requirement. Leahy contends that the current 48-credit educational requirement for rehabilitation counselors may place the rehabilitation counseling profession in a vulnerable position, and in fact threatens its professional viability.

Leahy's[25] position is most assuredly felt by many rehabilitation counselor educators who want to preserve the widest range of career options for their students and maintain a viable and competitive role within the greater profession of counseling. Nonetheless, certification such as the CRC is a voluntary and a self-regulatory mechanism used by the profession, whereas licensure legislations serve to legally protect the title and regulate the professional practice of counseling, suggesting that if the profession of rehabilitation counseling chooses to follow the standards of licensure and compete with other counseling specialties, the rehabilitation counseling profession itself may inadvertently follow the "two hats" model and ultimately become a specialty of counseling.

Undoubtedly, the external pressure of the counselor licensure movement has re-ignited the debate about the wisdom of maintaining a separate professional status for rehabilitation counseling or aligning rehabilitation counseling firmly as a specialty of counseling. In fact, Patterson and Parker[26] expressed concern about aligning CORE standards with state licensure requirements. It is their contention that this alignment will weaken the identity of rehabilitation counseling and our traditional ties with the Rehabilitation Services Administration and the Council of State Administrators of Vocational Rehabilitation. They caution that emphasis on counselor licensure will ultimately be detrimental to the preparation of students for federal-state VR and nonprofit programs. In addition, they express that preparing rehabilitation counselors to compete directly with mental health counselors, community counselors, and social workers in private practice will weaken the professional identity of rehabilitation counseling. In fact, Patterson and Parker[26] argued that rehabilitation counseling should maintain its focus as a human service not a service that can be sought via private practice.

Patterson and Parker[26] cited several reasons why the 60-credit standard for educating rehabilitation counselors is premature, including the principle of choice, career goals of graduates, and problem with professional identity. The authors argued convincingly that not all students want to be licensed professional counselors, and that this argument is particularly true

for students who aspired to work in federal-state VR systems and community-based rehabilitation organizations. In fact, professional credentials are de-emphasized in psychiatric rehabilitation.

As rehabilitation educators seriously begin to consider the idea of changing the CORE requirements from 48 credit hours to 60 hours, it is without question that a careful and thoughtful deliberation is required to determine the best model from which to train rehabilitation counselors for contemporary practice. Havranek and Brodwin[27] proposed a model that suggests streamlining current core courses and providing students the opportunity to take 12 addition elective credits to develop informal specializations. This type of specialization type model require all rehabilitation counseling students to complete a set of core rehabilitation courses, yet affords them the choice to pursue a specialization in for example, clinical counseling, community-based rehabilitation or disability management. This option allows students the ability to pursue jobs in an array of settings such as in mental health agencies, non-profit rehabilitation agencies, or in private rehabilitation, and affords the choice to pursue licensure.

Conclusions

Without a doubt, current roles and functions studies[14,20] have demonstrated the diverse and broadening scope of skills and knowledge that are needed to work effectively in today's rehabilitation counseling positions. This is not surprising as rehabilitation counselors, who at one time worked primarily in public rehabilitation agencies, work today in a wide range of settings including community-based rehabilitation agencies and supported employment programs, residential and independent living agencies, schools, hospitals, and clinics, workers compensation and insurance rehabilitation agencies, disability management and employee assistance programs in industries, student services units at colleges and universities, corrections facilities, and public or private employment agencies. The vast array of settings that rehabilitation counselors work in today is not surprising as the fundamental tenets of rehabilitation philosophy, such as maximizing abilities, full community inclusion, ecological assessment, and addressing quality of life issues, have gained recognition and importance in the greater health care system. Moreover, effectively serving persons with disabilities and chronic illness has become one of the greatest financial challenges for our health care system, and thus, the skills of rehabilitation counselors are becoming increasingly important in these arenas.

While there continues to be debate regarding how to best prepare students for the wide array of emerging rehabilitation counseling opportunities, there does appear to be a general consensus that rehabilitation counseling has a unique identity that includes counseling as a core competency, but that also includes disability knowledge and rehabilitation skills as necessary competencies. Thus, while rehabilitation counselors are working side-by-side other counseling professionals in settings that at one time were not open to rehabilitation counseling, their competencies do differ substantially from those of other professional counselors. As such, it is critical to maintain the core essence of rehabilitation counseling through appropriate education and training.

While it is quite plausible that new courses do need to be added to the core curriculum of rehabilitation counseling, one way to consider maintaining the core identity of rehabilitation counselors is to incorporate those classes that are critical to the changes reflected by rehabilitation clients and new service delivery patterns, and not add classes solely on the basis of licensure requirements. For students who are interested in specialty areas of rehabilitation (e.g.,

psychiatric rehabilitation, disability management, and supported employment), or would like to position themselves for licensure, electives could be available for additional coursework in the areas of interest.

In conclusion, balancing the need to maintain a separate and distinct practice domain with the need to position our students for career options, licensure, and perhaps, professional viability, are issues that cannot be ignored. However, regardless of the pressures of licensure, it is imperative that rehabilitation educators continue to modify, expand, and improve rehabilitation educational curricula so as to meet the changing needs of the community, the populations served, and service delivery patterns. These changes we know are true, and counselors are voicing their need for this training. While the options for licensure may weaken the identity of rehabilitation counseling, the greatest threat to the identity of the rehabilitation profession is maintaining an educational and training curricula that does not meet the changing needs of the clients and the community.

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