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**THE VOCATIONAL REHABILITATION COUNSELOR (OF THE DEAF)
AS A PROFESSIONAL***

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INTRODUCTION

The subject of professionalism is currently undergoing a change, if not in criteria, then at least in scope. Starting with a clergy in the sixteenth century, and later including lawyers, physicians, and university faculties, professionalism assumed a kind of sophisticated posture. This was characterized by the term "learned" professions. The professional that we hear of nowadays is the musician, the painter, the designer, the athlete and the politician. We hear also of the social worker, the teacher, the administrator, the psychologist, and the judge. There are persons whom we consider as professional magicians, humorists, ventriloquists, singers and even dancers. The great gamut of human performance has banners of professionalism fluttering for nearly every widely recognized occupation, even crafts and trades, as they lay claim to specialized sophistication in skill and learning.

As the more lofty and generalizable aspects of these various professions become commonly known and inter-related, we can probably expect to see a new kind of professionalism. We would then have a kind of "super-professional" almost like the modern concept of "team administration". The latter administrator assumes the role of blending together various administrative specialists until they produce collectively like a single unit, or like a single administrator. However, for now, we will concentrate on the Vocational Rehabilitation Counselor (especially of the deaf) as a professional. (The initials VRC will be used for Vocational Rehabilitation Counselor.)

What Constitutes a Profession?

One way to arrive at a definition of a profession is to start with the criteria, characteristics, or elements which comprise a profession. The literature is our supplier. Rudolph Villeneuve finds that a profession must meet four criteria: (1) It must have a well defined function and a recognized body of knowledge; (2) The practice of the occupation must be limited to those with approved preparation; (3) The practioner of the occupation must be compensated and respected as a professional; (4) A professional organization with a code of ethics and a philosophy, must exist.¹⁶

Another study by Ernest Greenwood suggests the following criteria: (1) Skills based on knowledge organized into a systematic body of theory; (2) Professional authority emerging as a function of extensive education; (3) Community sanction conferred by a series of formal and informal powers; (4) A professionally regulated code which compels ethical behavior on the part of its members; (5) A professional culture generated by the interaction of the required social roles.⁸

The core characteristics of a profession, according to William J. Goode, are a prolonged specialized training in a body of abstract knowledge and a collectivity or service orientation. Following this, certain derivatives are obtained; (1) The profession determines its own training standards; (2) Practice is often legally recognized by licensure; (3) The profession is likely to be a terminal occupation.⁷ (The latter point has been stressed by several other sources too.)

An occupation is different from a profession. Contrasting them, A. M. Carr-Saunders and P. A. Wilson state that much more than an occupation, a profession possesses an “intellectual technique acquired by special training, which can be applied to some sphere of everyday life.”³ Thusly, one can have a vocation that involves an occupation which is not necessarily a profession.

Is VR an Emerging Profession?

There are those whom we hear telling us that VR is something less than a profession. William Usdane states that, “Rehabilitation counseling is an emerging profession.”¹⁵ He could mean either, that rehabilitation counseling is gradually becoming a profession, or he could mean that rehabilitation counseling is already a profession but that it is emerging among the ranks of other professions. Vocational Rehabilitation has been characterized by Bernard Barber as an “emerging or marginal profession.”² Melvin Krantzler states that, “The Rehabilitation Counselor is an “emerging” professional.”¹⁰ Other writers indicate likewise, but one is not able to determine from their comments if they mean that vocational rehabilitation is an *occupation* which has not reached the “aura” of a profession, or if they mean that VR is just beginning to enter from the fringes, or if VR has already crossed the fringes and is emerging “among the ranks” of occupations that have already been accepted as professions.

Melvin Krantzler claims little room for doubt about VR not being a profession when he points out some of the conditions that rehabilitation counseling does not meet. Among these negatives are: (1) It lacks a unique body of knowledge and skills; (2) Standards for counselor selection are lamentably low; (3) Lack of a thrust to upgrade the rehabilitation counseling field; (4) Lack of a single powerful organization with which counselors can identify, (as do social

workers with the National Association of Social Workers); (5) No certification or other forms of legal recognitions exist in the rehabilitation counseling field.”¹⁰

Where does this occupation stand? If you are as confused as I am on this subject, it is because of the way, even in our own field, people tend to consider vocational rehabilitation as synonymous to vocational rehabilitation counseling. They state concepts like the following: “rehabilitation counseling” is an emerging profession, the “rehabilitation counselor: is an emerging professional, and still another writes that “vocational rehabilitation” is an emerging or marginal profession. The latter by Bernard Barber is the more exact concept. Just as psychological counseling is one aspect of the profession of psychology, so is vocational rehabilitation counseling only one aspect of the field of vocational rehabilitation. The two should not be used interchangeably.

The above should give us the background that we need so far. Before I go into the subject any further, I would like to skip over some of these clues which will fall into relevance as the paper progresses. These are sanctions, functions, practice restrictions, peer respect, compensation, ethics, philosophy, authority, intra-professional culture, training and terminal values. However, I would like to stress the “person” aspect of a professional.

One cannot separate the “person” from the “professional,” but there is a distinction. One cannot be a proud egotistic person and simultaneously be a self-effacing humble professional. A person whom we find to be undisciplined in his personal life will most surely be equally as undisciplined in his professional role. A person who prefers to be a moral slut in his personal life is unlikely to be a saintly professional. On the other hand, if a person is a scholar in personal life, the chances are that he will also try to be a professional scholar. If he has strong service motive in his personal life, he will very likely have the desire to be of professional service. The person aspect of a professional is eloquently covered in an article by Dr. Boyce Williams entitled, “Role and Responsibilities of Deaf Professional Persons.” Briefly, Dr. Williams points out that as a person, a professional must be self disciplined, practical, orderly, modest, steadfast, flexible, tolerant, a scholar and mature.¹⁸ It would help to bear these factors in mind as one moves through this presentation.

Let us tackle another assumption. It is always true that a person of genuine high quality character is automatically a professional. The most likeable, sincere and loving person can be a perfect dud if he should attempt surgery without the professional expertise and training necessary to the execution of this role. On the other hand a top-level professional would still have the expertise and knowledge even though he were a professional slut. What Dr. Williams is saying is that a professional has also the responsibility to maintain a superior level of performance as a person if he is to be a professional in the true sense of the word.

Two Important Profession Concepts

Admiral H. G. Rickover once stated that, "A profession is intellectual in content and practical in application." The literature consistently points out that these are two areas where expertise and competence is demand.¹⁴

The acquisition of intellectual content in the professions never ceases to receive significant stress. It appears to me that this is one very solid reason why Vocational Rehabilitation is not viewed as a profession today. You have probably recognized this by now, having read the criteria by which we identify a profession.

Let us review briefly where one attains this "intellectual content." All writers that I have read, without exception, refer to graduate school. Some make allowances for experience, but consider a real professional as one who has acquired special knowledge and is a member of profession that is licensed to practice. Persons obtaining graduate training in social work, psychology, teaching, engineering, etc., all have a specialized body of knowledge that pertains to their profession. Vocational Rehabilitation has laid no such claim to a specialized body of knowledge. Thus our graduate training programs for VRCs simply borrowed content, including content from the medical, social work, guidance and related fields with the heaviest stress on counseling psychology. It is no small wonder then why we are treating vocational rehabilitation as something less than a profession.

The second concept, practical in application, concerns the effective and efficient application of one's unique body of knowledge and skills. One can know but fail to apply. Our literature is replete with references to this.

One example is the VRC who is adequately knowledgeable about vocational rehabilitation and deafness, but when confronted with a deaf client he finds himself stymied. He then uncovers severe communication problems, finds deafness even more complicated, and finds himself ineffective when trying to discern his deaf client's employment potential. Still another example; one may know what is available in the medical profession but may not know how to select, utilize, and coordinate these services in a timely way to effect the expert vocational rehabilitation of his client. One of the latest concepts applies to over-application or anti-therapy.¹¹ An example is when a client is serviced into dependency instead of autonomous self-reliance. An overserved client is as unprofessionally served as is an underserved or misserved client. Effective application is a skill acquired also from graduate training programs.

There is probably nothing worse than a practitioner with a low intellectual content. His practice is subject to considerable error. He can operate with the help of consults or under supervision, but unless these “overseers” are constantly available there is always the chance that he will operate mostly by trial and error. The beneficiary is, of course, the client. A VRC who does not have a grasp of the limits set for various kinds of cardiac conditions may place a client in a job that is fatal to him. Or he may deny a deaf person the opportunity to attend college because he speculates that such a capable deaf client will do very well as a tool and die maker.

Fortunately, under professional supervision and because this supervision is often constantly available, a VRC can gradually acquire the content and skills that he needs. But one cannot say the same for disability specialization. After all, how many VR supervisors are competent in the field of the deaf client? Thus both, the VRC and his professional supervisor, lacking sufficient intellectual content will be forced to proceed on a trial and error basis.

It is self-evident that intellectual content and practical application are prime factors pertaining to the VRC as a professional. Along with the “professional person” element, the three concepts form a sort of professional trinity.

The Uniqueness of Vocational Rehabilitation

It would help here to explore the field of Vocational Rehabilitation, and to identify some of the major characteristics which are unique and specialized, in my judgment. These elements deserve to become the core of VR Graduate Training Programs and the basis for recognizing VR as a profession.

We might first refer to an article put out by Howard M. Vollmer and Donald L. Mills.¹⁷ Suggesting that the concept of a profession is ideal; they go on to say that an occupation may show professionalism without professionalization or vice versa. This is, in an extended sense, also applicable to specialists. Thus a specialist in a given field may rise through the professionalization process and achieve recognition and acceptance as a professional even before his field or occupation attains professional stature. It is also occasionally noted in the literature that there are persons within a given field who supply the leadership to their field so that it might attain the status of a profession as they themselves have already achieved. However, regardless of our private status, let us proceed to look into aspects of vocational rehabilitation which will enable it to be accepted as a profession.

The vocational rehabilitation process is the first major characteristic. There is no other process like this one. This process, which begins with determining a

person's eligibility to become a client and terminates in employment follow-up, is very ably presented by John F. McGowan and Thomas L. Porter.¹³ It is needless for our purposes to elaborate on it here. Suffice it to say that it is not a psychological counseling process, it is not a medical treatment process, it is not a vocational training process. It is simply and plainly a vocational rehabilitation process which aims towards the maximum vocational rehabilitation of the client moving through this process. The relationship between the VRC and the client is a rehabilitation counseling relationship *but not a vocational rehabilitation process*. Rehabilitation Counseling is a part of the VR process.

The VR process is determined largely by the type and degree of disability and/or disadvantage being served. This means simply that just as a physician develops a medical treatment process based upon the patient and his given ailment, and just as the psychiatrist develops a treatment process based on the patient and his type and degree of mental ailment; so does the VRC develop a vocational rehabilitation process based upon the client and his vocational ailment, (or handicap). Students should be receiving from graduate training programs, the knowledge and skills necessary to implementing highly complex VR processes based on every major handicap in existence.

The VR process has for its goal the maximum vocational rehabilitation of its client. The goal that we are referring to is a vocationally oriented goal. Contrast this with the medical rehabilitation goal of the physician, the personal adjustment goals of the counseling psychologist, the physical rehabilitation goals of the physical therapist. Vocational rehabilitation goals vary with the individual client but all consummate when the client has made selectively placed in work commensurate with his overall abilities.

The VR process is inter-professional. This is to say that although the VR process is unique in and of itself, it also involves any number of established and marginal professions. The blending of various professions into a client's vocational rehabilitation process is certainly a unique type of skill; the physician's treatment process becomes a part of the VR process of the client. It is difficult for me to conceive of a process that selects, utilizes, and coordinates various professional services in behalf of a client, as being anything less than professional expertise. It is certainly an expertise which graduate training programs should inculcate in its students to a high degree, since they are constantly using this skill in their work.

Let us carry this "inter-professional" concept further. The implication above clearly is that vocational rehabilitation will emerge as an inter-professional profession. A reference was made previously to the concept of "team administration." Whereas in the past a single administrator could handle an entire staff, currently the demand is for administrators who are trained to blend a group

of variant specialists into a unit of performance that come up with a wholesome and single decision. It is probably premature to say that the VRCs will some day be the “uniting force” for the various professions and thereby curb the growing problems resulting from excessive specialization. However, the inter-professional coordinator concept may very well become the solution to all the profession-diffusion that we see today.

The VR process entails a higher grade of expertise when dealing with a specific disability. It is one thing to be a VRC, but it is an added body of knowledge and skills to be a VRC of a specific disability. Let us take a deaf client. Besides the general “intellectual content” and “skills in application” of vocational rehabilitation services, the VRC of the deaf client must have adequate knowledge about deafness, otology, audiology, hearing aids, pertinent social, cultural, educational, psychological and behavioral insights about the deaf, and the vocational aspirations and problems of deaf people, generally. In short, like in many other professions, the VRC has to acquire a specialization skill within the profession.

The VR Counseling process is also a unique process. Graduate training programs as well as people in the Vocational Rehabilitation field are more confused on this point than any other aspect of the field. There is a strong tendency to equate VR Counseling with Psychological Counseling, when in actuality, the main similarity between them is in their methods and techniques. However, the process and goals both are different. The way that graduate training programs fuse the two processes and goals is nothing short of embarrassing.

Just of the sake of pertinence, some of the VRC counseling and guidance concepts are related to the following: discerning client’s vocational objects, gaining a clear perspective on the limitations and infinities of the client’s disability, utilizing available professional and non-professional services and resources in the community, the kinds and extent of diagnoses and training needed, exploring an unlimited number of vocational and employment opportunities, matching employment with disability, and counseling with regard to the VR process itself. These are merely a few of the general areas that involve vocational rehabilitation counseling.

This gross misunderstanding of the existing VR process has led graduate training programs to try to substitute it for the psychological counseling process, even to the point of superimposing the goals of psychological counseling on the goals of vocational rehabilitation. The result has often been a confused counseling psychologist trying to play the role of a psychologist in the position of a vocational rehabilitation counselor. The VRC sees selective placement as part of his expertise, a psychologist does not see this as part of his role. The psychologist

sees himself aiding his client in solving any personal adjustment problem that may arise from this new placement.

The VRC considers the client's personal adjustment potential in light of the selective placement⁴ that is about to begin, and counsels him accordingly. If the personal adjustment problem in question is a serious one, then the client will be receiving the services of a counseling psychologist; but, as part of the selective placement process. I would go along with Lofquist who concludes that, "The mastery of vocational planning by the rehabilitation counselor supersedes other functions," and that "Functions which involve a different orientation such as therapeutic counseling or clinical counseling are better left to the psychiatrist or counseling and clinical psychologists."¹²

When a client is in need of medical care, he goes through a medical process to have this remedied. Likewise, when a client is in need of psychological or psychiatric care, the VRC proceeds to involve the relevant expertise. However, neither the psychologist nor the psychiatrist would even think of putting the VR process to work in their own counseling processes. Yet this is precisely what graduate schools are doing to their vocational rehabilitation counseling students; training them to use the psychological counseling process to carry out the vocational rehabilitation process. Until the VRC is properly trained, the profession that cannot quite make up its mind will vacillate between these two processes.

The VR process includes and exceeds the goals of its related professions: As a professional, the VRC is precisely what his title implies, and the main process under which he provides his counseling is the VR process. If he sees that the client has severe personal adjustment problems, the VRC proceeds to enlist the services of a counseling psychologist. The VRC is not supposed to be the counseling psychologist. (Even if he were trained to be one, he would not be able to carry out these deep counseling roles because of his enormous caseloads.) The service of the counseling psychologist may run concurrently with, or alternate with, or blend with the ongoing VR process. This could be during evaluation, training, or employment follow-up. However, the VRC role here is to enable the client to blend all these "happenings" towards his eventual vocational rehabilitation. The sooner our graduate training programs realize this, the sooner we will be able to arrive at a professional status for VRCs and VR.

The VRC has considerable autonomy and creative independence. Professional autonomy may not be true in every agency, but this is a condition which a professional needs in order to perform effectively and creatively. The VRC performs best under these conditions as well. There are two reasons why VRCs do not exercise this prerogative. The first is that they have not been trained to be Vocational Rehabilitation Counselors. Instead, they operate like

psychologists and as a consequence make themselves subject to close direction by the administration. The result is two different viewpoints: The VRC thinks he is not given the autonomy that he desires, and the administration thinks that the VRC is not providing maximum performance as a VRC. This conflict is inevitable and will continue to be so until our agencies are staffed with VRCs and not psychologists.

Although there is considerable bureaucracy and what education terms the "clerical task syndrome," the way is wide open for professional freedom and autonomy. The VRC, in practice, is able to work with the entire city and with about any agency that fits into his VR process. He has case service funds which enable him to evolve new programs. He can also utilize these funds to sponsor joint-training programs with other agencies. He can extend his VR programs into the community as far as his creative energy permits. He can enjoin other counselors in providing "group training," "group counseling," and even "group placement," i.e., placement in the same type of work. He can rally employers to the cause of hiring the handicapped. He can enter his clients into projects sponsored by other agencies, which is better known in VR as "free case service." Figuratively, he can engineer the entire community into the various VR processes that he has set up for his clients.

It is this extension of the VR Program that the VRC can put into effect despite the semblance of bureaucracy above him, and the load of reporting and recording that must take place. Along with this comes the opportunity for professional growth. The VRC must not only master his own discipline, but he has to reach out across the horizons of vocational rehabilitation and far deep down into the surrounding fields of medical, educational, scientific, technological and political professions, to name a few. He must also carry with him an instant recognition of countless employment possibilities for the multitude of disabilities that he serves in a vast array and assortment of occupations.

This brings up the gist of the matter. Somehow, all this professionalism must be transferred into the literature for our graduate training programs, distributed through our own vocational rehabilitation journal, and assimilated as VR culture in a professional organization for vocational rehabilitation counselors. Nonetheless, even though the field of Vocational Rehabilitation does not meet the formal criteria for a profession, it is very difficult to say that it is not a profession. When one adds, in the last analysis, that he is a VRC of the deaf (thoroughly knowledgeable and skilled), he is a doubly prized professional.

The VRC of the Deaf as a Professional

We now have the background and are at liberty to consider a VRC as a professional with or without the field, although it seems quite clear that barring the

usual formalities or criteria, vocational rehabilitation is a profession or at least is emerging as a profession. Also, as one reads through the list of “professionalisms” below, one will be able to see how each applies to a specialization within the profession of VRC. My own special emphasis refers to vocational rehabilitation services for the deaf client. (For the benefit of the “merely exposed” persons, deaf clients are not simply “hearing impaired” or “hard of hearing” clients. These are clients without hearing, and with hearing that is of no use other than to hear a thunderclap or a car horn blast within several feet of their ears and undistinguishable at that.) This intense specialization is an extended brand of VRC professionalism. Each one of the professionalisms below apply with additional sophistication when it comes to serving in a single disability area. So now let us look into some of the high points which enable one to distinguish a professional VRC from a non-professional VRC, or simply, a non-professional.

1. *The VRC professional has unique intellectual content and accompanying skills to effect the practical application of this content. In short, he knows what is to be done and how to do it, effectively. His is an expertise which McGowan nicely sums up:*

For me, personally, the vocational rehabilitation counselor's unique contribution to handicapped clients consists of intrinsic interest, special training, and supervised experience, which have prepared him to combine medical data from the physician, psychological data from the psychologist, psychosocial vocational data based on his own special training and testing and counseling, and finally information about the world of work obtained from the employment service and other sources, and, to transmit these data through the counseling process to the client in such a way that they are able to arrive at a vocational plan which is acceptable to both the client and the counselor, and which promises the client the best possible chance of achieving job satisfaction and vocational success.¹³

One can give and take a little from McGowan's statement, but the basic tenet is there. On the one hand one must have inter-professional knowledge and expertise, then one must have a VR process designed for the client in question, then one must provide the needed counseling to assist both the client and the counselor to arrive at the client's most favorable vocational objective. The intellectual content is unique, and for the most part, the practical application is unique. Techniques and methods could be unique or duplicated from related professions.

2. *The VRC is a certified master of vocational counseling. The professional VRC is conscious of his vocational mission, the vocational rehabilitation process, the eventual termination of this*

process when it arrives at the client's vocational objective, and the vocational counseling relationship between the counselor and the client throughout the entire VR process. Lloyd Lofquist ably states this aspect of the VRC professional:

*Vocational counseling is a continuous learning process involving interaction in a nonauthoritarian fashion between two individuals whose problem solving efforts are oriented toward vocational planning.*¹²

In addition, there is vocational counseling going on while these plans are taking effect. In fact, there is VRC even after the client has been selectively placed on the job. This is vastly different from the "personal adjustment and growth" counseling that is to be provided by the trained psychologist. Vocational counseling has a unique professional expertise and only a trained VRC is equipped to provide it.

3. *The VRC professional performs within a service range which makes him a coordinator-utilizer of various professional and non-professional services on the one hand, and a VR Counselor on the other.* There are those like Johnson⁹ and Cottle⁴ who stress the coordinator role while others like Anderson¹ and Garrett⁵ who lean toward the counseling role. A professional VRC should be able to handle both extremes effectively, and assume a middle ground where necessary. The VRC is a maximizer, a facilitator, a utilizer, a coordinator, and a counselor and bases his service input on the client's needs in order to effectively reach the client's vocational objective. If this means pulling together social welfare, public health agencies, adult education programs and an evaluation facility all at the same time in the same client's VR process, then the VRC mobilizes them simultaneously. If it means vocational counseling during or after or even before these services are applied, then the VRC supplies this as well. Each client's VR process is individual and the counselor is not afraid to be flexible and as creative as the individual VR processes demand him to be.
4. *The VRC professional conscientiously uses his knowledge and skills for the benefit of his clients.* A VRC professional does not maintain an inert role. Instead, he realizes his responsibility to facilitate his client's rehabilitation, and applies all of his knowledge and skills to effect a meaningful solution. He does not use it to further himself. He knows that professional growth and development have their own worth, and that advancement is a by-product of this worth. As he attains higher and higher degrees of professionalization and shares his expertise with

his colleagues as well as applying them to his client's vocational problems, they will recognize his value to the profession. This is true primarily of professional advancement, not administrative.

It is no secret that modern day living puts heavy economic pressure on a family provider. According to a study by Bernard Goldstein, "one whose primary motivation is service, not money, is no longer an accurate image of the role of the professional in American society."⁶ This means that VRC's like other professionals will be tempted to seek out promotions because that is where the money is. Like in education, the best teachers do not necessarily make the best administrators; also in VR, the best VR Counselors do not necessarily make the best administrators. The answer would be to provide top level salaries to VRC professionals and not subject them to the bureaucratic structure that is maintained for administration setups or factories, especially where salaries are involved. In fact, I tend to think that the higher the salary the more justification there is for the administration to demand competent performance and results of the professionals on his staff. However, it must not interfere with the counselors' performance of his professional work; that is to say that pressure for results must stop short of bogging down and interfering directly with the VR processes that are being carried out. The VRC may be overservicing, or even misservicing the client; but interference here should be the role of the professional supervisor rather than a lay administrator. In short, the administrator has the obligation to back up the counselor whenever he is directly benefiting the client.

5. *A VRC professional does not take unwarranted advantage of his superior knowledge.* When a VRC professional is given autonomy and freedom to carry forth his practice to full extent and effectively, he is relied upon to do his very best. Anything less than this is unwarranted use of the privileges that go with being a professional. Goofing off while in the field is another violation. Premature closures, that is closures which involve clients who are expected to "lose employment" shortly afterwards, is another deficiency. Guiding clients into underemployment to facilitate placement is another. A VRC professional should apply his superior knowledge to effect maximum results. A VRC professional should not seek to retain for himself superiority and not share it with his professional colleagues. He is not after copyrights, but willingly shares his skills and knowledge so that the entire profession improves. Nor should the VRC professional bask in his own status quo. He should penetrate continuously into the unknown reaches of his profession to try to come up with new solutions, new concepts, new methods which will increase the effectiveness of VR services everywhere.

6. *A VRC professional tries to maintain his independence of lay direction as it directly involves his work.* A VRC professional does not merely hold a job. He performs a work, a very professional work. The more he allows himself to become “sucked into” the bureaucratic structure, the more he negates his freedom to create, be flexible, and to operate freely and autonomously as a professional should. As he moves away from the platform of a professional, he moves closer to becoming a “routinist” and a “technician”. This is why I would advocate that VRC professionals work under the supervision of a professional. A professional would be better prepared to recognize where the VRC professional’s autonomy is being misused and his freedom is being abused. A lay supervisor, on the other hand, tends to view the VRC’s professional attitudes as smacking of a kind of insubordination, when all the time the layperson simply did not have a grasp of the elements that constitute professional practice.

7. *A VRC professional does nothing that will handicap his client’s freedom to grow and develop in the vocation of his choice.* This is a prickly type of problem. Basically, the client has the right to choose his own vocation. He has the right to select from among employment alternatives, the way to express his vocation. If his choice is unrealistic, he is in effect making his client status a permanent one. Here is where a VRC professional must join the client in making a realistic choice, a vocational objective that is commensurate with his abilities and interests. But once the choice is made, then the VRC must accept the client’s own pace of growth and development. The VRC professional does not submit to pressures for closures, nor does he deprive his client of his vocational choice because his progress is too slow. Often a rehabilitation plan falls short because funds are “frozen” or exhausted and the plan cannot be renewed or re-extended. A VRC professional does not seize upon this as an excuse for making a lame placement. Instead, he arms himself with creative vigor in attempting to find a solution which will not disrupt the growth process already started. As a VRC and a professional, he has enormous room for affecting a solution, even areas where other agencies assume the costs or provide the training at no costs.

8. *A VRC professional utilizes his superior knowledge to affectively coordinate other professions, service agencies, and projects into the VR Process as needed.* This aspect of VRC is considered to be “extra-professional.” As stated above by McGowan and others in the literature, the VRC brings in all kinds of professional expertise to bear on the client’s vocational rehabilitation process. The VRC professional

knows what the other professions can and cannot offer, or should know. If he lacks sophistication he can consult the profession and get an answer before making the next move. When a service necessary to the VR process is available, the VRC professional utilizes it. When his case service funds are depleted, the VRC professional makes a gallant effort to come up with "free services" for his clients. This keeps the VR process moving for the client. He does not do this merely when his money is short. He does this continuously, so that he can handle all sorts of emergencies that come up as his caseload of clients move through their various processes. I have sometimes felt that this inter-agency role is so complex and far reaching that a VRC does not have enough time to cultivate it to the full extent. Therefore, it might become the role of a full time VRC, one who knows what VR entails but is also adept at knowing what is available in the service community

9. *A VRC professional steadily updates his knowledge and skills.* Continued graduate training, in-service training, enrolling in new types of professional experiences, assimilating knowledge from non-VR professions and constant coverage of related literature are some of the means through which a VRC professional keeps abreast of his profession. Updating one's knowledge is crucial to maintaining a profession, and being a professional. The knowledge explosion and vast improvements in professional methods, as well as the far reaching and fantastically rapid pace of occupational change contribute to the necessity of constant updating efforts. One also realizes improvements in practice, but absorbing the experiences of others helps the VRC professional to minimize his own errors and exposes him to new ideas and methods.

10. *A VRC professional maintains frequent association with his colleagues.* As suggested by Ernest Greenwood earlier, there must be a professional culture. This is generated by interaction among various social roles related to the profession. It is through interacting and associating with VRC colleagues that one gains for himself a kind of VRC profession-consciousness which he would not receive if he were content to limit his association with politicians, occupational employees, or teachers. This is not to say that the VRC professional should refrain from non-VR associations at all. But it does mean that from VR associations, one can develop a kind of professional deportment and culture that is characteristically vocational rehabilitation's style of expertise.

11. *A VRC professional attempts to maintain a universal perspective.* The general caseload is being replaced gradually by specialized caseloads. Although this is an effective way to provide relevant and meaningful services to the clients, one can and does lose his sense of perspective. A VRC professional will make a conscientious effort to maintain a comprehensive perspective as well as specialized one. Should the VRC professional choose to ignore this “self-discipline,” he will very shortly thereafter be unable to see the forest because of a tree. He will develop a kind of professional tunnel vision. A balanced perspective must be maintained, not only in the general field of Vocational Rehabilitation, but also with respect to other professions whose latest developments may have “transfer value” for Vocational Rehabilitation.
12. *The VRC professional regards what the client confides as privileged information.* We often refer to the priest and his vow to never reveal what is said in the confessional. Lawyers have been known to be equally as sturdy in not violating their client’s confidence in them. A VRC professional must also maintain a code of strict confidentiality. If the VRC specializes with the blind client, or deaf client, and is also an intimate member of their social set or community, the VRC professional must be on constant guard against persons who ask subtle questions which enable them to infer from the answers something that the client might prefer to maintain under confidence. Once this protective wall of confidentiality begins to crumble, so does the VRC as a professional.
13. *The VRC professional continually reanalyzes himself and re-evaluates himself as a professional, and is not afraid to make drastic changes.* Regardless of the profession, one can easily become “rutted” into a pattern of operation that freezes all hope of creative and flexible productivity. Sometimes the only recourse is to leave the job and to start a new one. I would not be above leaving the field for a year or two if that is the best alternative at the time. But it is only through repeated self-analysis that one can become aware of the seriousness of his pitfall, rut, or situation.
14. *A VRC professional is prepared to go the “fourth mile.”* Developed by Dr. Boyce Williams, the concept was intended for deaf persons who enter the role of a professional but applies equally well to other handicapped persons who become professionals, and to professionals who seek to specialize within the vocational rehabilitation context. The quote is as follows:

We deaf professionals must go the fourth mile. Our communication problem is certainly a threat to our acceptance and performance in public service work, where oral interchange is at a premium. Accordingly, I firmly believe that we must overcompensate for it by doing that fourth mile. "We must be more gracious than our hearing office mates, more attentive to detail, more conscious of deadlines, more thoughtful of our personal impacts of any given moment. We must be deeply concerned about our interpersonal relationships, how to improve them, make them more effective. We must strive mightily to keep abreast of the knowledge explosion by all possible means, more and faster consumption of professional literature, more seeking out of opinion and information from our hearing colleagues.

There is little doubt that professionalism for the VRC is justifiable, and that it is even more so for the VRC who specializes in a given disability. If the VRC is a specialist for deaf clients and is a deaf person, his role as a professional is even more complex than the role of a non-deaf VRC. As the VRC begins to "culturize," organize, improve graduate training programs, and obtain certification and legal recognition, then and only then will Vocational Rehabilitation as a field attain the status of a profession. Until then, the only kind of recognition that Vocational Rehabilitation can receive as a profession is an informal one, which is the kind that I feel is justified.

Conclusion

The vocational rehabilitation counselor, as a professional, has a double role. He must perform, not only according to the criteria of a professional, but he must contribute his share toward a concerted effort to help his field to become formally established as a full grown profession. As a specialist, he must develop an even higher degree of professionalism so that he can function effectively in his specialty. In short, he is a professional without a profession, by the above criteria.

There seems to be a need to establish the core around which the entire field of vocational rehabilitation operates; the Vocational Rehabilitation Process and the client's Vocational Objective. Graduate training programs tend to equate VR Counseling with psychological counseling when the two are similar with respect to methods, and not at all similar with respect to processes and goals. This is not to say that vocational rehabilitation processes come before psychological counseling processes, or vice versa. Nor is it to say that personal adjustment goals come before vocational rehabilitation goals or vice versa. At the moment, I am merely saying that they are not identical, even if they are carried out simultaneously. The two should come under overlapping but separate curriculums.

The future for vocational rehabilitation as a profession rests not only on meeting the basic criteria, but also, it is emerging as a type of “super-profession” in concept, a type of inter-professional profession. The latter role is about as significant and exciting as the one of becoming a profession. When considering the needs of the deaf professional as well as the deaf client, it about time that we concentrate on setting up a comprehensive and relevant graduate training program along the above mentioned lines for training counselors and supervisory staff at the Masters and Doctoral level, and I pray that they will be trained to be vocational rehabilitation counselors.

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