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DANAK, Jagdish T., 1937-

AN ANALYSIS OF MANAGERIAL ASPECTS OF VOCATIONAL
REHABILITATION COUNSELOR POSITIONS IN SELECTED
STATES.

The University of Oklahoma, Ph.D., 1970
Business Administration

University Microfilms, A XEROX Company, Ann Arbor, Michigan

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THE UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

AN ANALYSIS OF MANAGERIAL ASPECTS OF VOCATIONAL REHABILITATION
COUNSELOR POSITIONS IN SELECTED STATES

A DISSERTATION

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

degree of

DOCTOR OF PHILOSOPHY

BY

Jagdish T. Danak


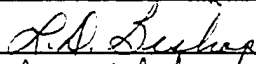
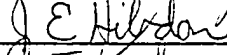
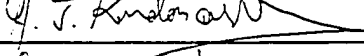

Norman, Oklahoma

1970

This Publication supported in part by Research Grant
RD-1967-G from the Social and Rehabilitation Service
Department of Health, Education and Welfare
Washington, D. C.

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APPROVED BY

DISSERTATION COMMITTEE

ACKNOWLEDGMENT

Sincere appreciation is expressed to Dr. William H. Keown, David Ross Boyd Professor of Management, for his assistance, encouragement, editorial guidance, and patience in directing this dissertation.

I wish to thank Dr. L. Doyle Bishop, Professor of Management, for his many helpful, constructive suggestions and his guidance.

To Dr. Alex Kondonassis, Professor of Economics; Dr. James E. Hibdon, Professor of Economics; and Dr. George Henderson, Goldman Professor of Human Relations, I wish to express my thanks for their assistance and encouragement.

I wish to thank Dr. Harold Viaille for his valuable consultation and advice in completing this dissertation.

I owe a debt of deep gratitude to my brother, Dr. Manubhai R. Danak for his continuous support in furtherance of my academic career.

To my wife, Kumud, I owe a special thanks for her quiet encouragement and patience during the dissertation process.

Appreciation must also be directed to Mrs. Judy Craig who typed the preliminary drafts and Miss Patsy Stephens who typed the final two drafts of the dissertation.

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AN ANALYSIS OF MANAGERIAL ASPECTS OF VOCATIONAL REHABILITATION
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CHAPTER I

INTRODUCTION

The vocational rehabilitation program is a visible and philosophical recognition by this country of its social obligation to restore the disabled citizen to productive life. It is one of the oldest federal grant-in-aid programs to provide services to the disabled individuals in the United States. Over a period of more than half a century, the commitment of federal and state resources has grown and the very concept of vocational rehabilitation has undergone considerable change.

These changes in the concept of vocational rehabilitation have affected the organization of rehabilitation agencies and the work of the counselors. Due to these changes, many have come to view the role of the rehabilitation counselor to be of managerial nature. The research reported in this study is directed to the analysis of managerial role of the counselor in his present position.

The central thesis of this study is that the counselor in a state agency functions in his present position as a manager. The counselor performs to a varying degree the managerial functions of planning, organizing, staffing, directing, and controlling. The data for this study were gathered via use of questionnaires and interviews with the rehabilitation counselors. A complete statement of objectives, scope, and research methodology of this study will be found beginning on page forty-three.

At the outset, the researcher would like to recognize McGowan and Porter for their outstanding training manual, *An Introduction to the Vocational Rehabilitation Process*, to aid state agencies and academic institutions in training of rehabilitation counselors. This training manual was prepared under the auspices of the Rehabilitation Services Administration of the Department of Health, Education, and Welfare. The discussion on federal legislation in vocational rehabilitation and the rehabilitation process is derived from this definitive work.

Major Federal Legislation in Vocational Rehabilitation

The Smith-Hughes Act of 1917 was the first to provide funds to the states for vocational education. These funds were available for vocational education provided the states passed the legislation enabling them to receive funds

and established state boards of vocational education. The Smith-Hughes Act became a model for future legislation providing programs for joint federal-state funding.

During this period, the United States was engaged in World War I and the nation was concerned about the returning disabled veterans. The Congress enacted the Soldiers Rehabilitation Act in 1918 which gave exclusive jurisdiction of the administration of rehabilitation of disabled veterans to the Federal Board of Vocational Education. This was a federal program of services consisting of vocational training and placement to disabled veterans. It was operated by states and local communities in cooperation with the Federal government.

The Civilian Vocational Rehabilitation Act was passed in 1920 by Congress which sought to encourage the states to enact similar legislation and to provide rehabilitation services of vocational training, occupational adjustment, prosthetics, and placement of civilian disabled population. This act provided rehabilitation services to physically disabled persons having a vocational handicap regardless of the origin or cause of the disability. This definition of disability changes substantially in later legislation. The Civilian Vocational Rehabilitation Act was a temporary measure and remained in force up to 1935 as a result of a series of extensions granted in 1924, 1930, and 1932 by Congress.

The Federal Social Security Act of 1935 did not amend the Vocational Rehabilitation Act but authorized the Federal government to operate the vocational rehabilitation program on a permanent basis.

The Federal government, during the period from 1920 to 1935, granted to the states annually a sum of one million dollars. This money was allocated to the states on the basis of a ratio of the state's population to the population of the United States. The states, in order to acquire these federal funds, had to allocate the same amount of state funds. Congress increased the grants to the states in 1935 to two million dollars annually and in 1939 to three and one-half million dollars annually. The administration of the federal programs of vocational rehabilitation was under the office of the Commissioner of Education.

Public Law 113 of 1943 superseded all the amendments to the basic Vocational Rehabilitation Act of 1920. For the first time, the definition of disability was extended from just physical disability to include mental retardation and mental illness. Public Law 113 also increased the scope of rehabilitation services from vocational training, occupational adjustment, prosthetics and placement to any services necessary to render a disabled individual fit to engage in a remunerative occupation. Such additional services as surgery,

therapeutic treatment, transportation, occupational licenses, tools and maintenance during training were now available to disabled people. An agency for the visually handicapped could be administered for the first time as a separate state agency under the federal-state program and could become eligible to receive federal financial support to administer its rehabilitation programs.

Federal allotments of funds on the basis of the population ratio were discontinued. Public Law 113 provided for the federal government to pay 100 percent of the costs of administration, guidance and placement and 50 percent of all case service costs in the state program. Case service costs are the costs of rehabilitation services such as training, prosthetics, transportation and others that the counselors purchase for their clients. This was a marked degree of change in increased federal financial participation.

Under previous legislation, the federal administration of vocational rehabilitation programs was assigned to the office of the commissioner of education. Public Law 113 transferred this administrative responsibility to the Federal Security Administrator who, in turn, established the Office of Vocational Rehabilitation. The Office of Vocational Rehabilitation organized eight regional offices to administer vocational rehabilitation programs in the various sections of the country.

In order to obtain federal aid, states were required to submit their state plans to the Federal Security Administrator and obtain his approval. Stated in the broadest terms, the Federal Security Administrator's approval certified that the state plan met minimum standards in terms of administration, casework practices and casework services.

The amendments to the Public Law 113 were made in 1954 by the passage of Public Law 565. It retained the basic patterns of services to the disabled persons as under Public Law 113, but required the state agency to predict the employment potential of disabled persons. The federal funds were allocated to the states on the basis of a formula taking into consideration the state's population and per capita income. The objective of the use of this formula was to provide greater financial assistance to the states with relatively large population and small per capita income. For the first time, Public Law 565 made funds available for research and demonstration projects. These grants were made to public and private non-profit organizations such as state rehabilitation agencies and universities.

It provided grants for training of professional personnel in the field of rehabilitation. It provided long-term training grants to educational institutions and rehabilitation agencies in support of basic and advanced training

in rehabilitation. Individuals pursuing training in rehabilitation received financial support from federal government for up to two years. Public Law 565, also for the first time, provided funds to expand and improve existing rehabilitation facilities and workshops.

Public Law 333 was passed by the eighty-ninth Congress in 1965 as an amendment to Public Law 565. This law increased the scope of vocational rehabilitation services offered to the people by broadly defining the concept of disability as follows:

Physical or mental disability means a physical or mental condition which materially limits, contributes to limiting or if not corrected will probably result in limiting an individual's activities or functioning. It includes behavioral disorders characterized by deviant social behavior or impaired ability to carry out normal relationships with family and community which may result from vocational, educational, cultural, social, environmental, or other factors.¹

This law provided for extended evaluations to determine employment potential of severely disabled individuals. The severely disabled individuals can be provided extended evaluation for a period of six months or eighteen months depending upon the nature of the disability.

The law also made available to states grants for innovation in vocational rehabilitation. These grants are for two general purposes:

¹U. S., Congress. House, Public Law 89-333, 89th Cong., 2nd Session, 1966.

(1) to develop new methods or techniques for providing services

(2) to provide services to severely disabled people.

This law also made funds available to states for construction of new workshops and rehabilitation centers. It also extended the term of financial assistance to those individuals pursuing professional training in vocational rehabilitation from two years to four years.

The federal funds, under this law, continued to be allocated on the same basis of the population and per capita income formula established in 1954. The new element in the federal financial provision was to establish a uniform matching ratio of three federal dollars to one state dollar for all states. No state can receive more than its allocation under the formula and no state can reduce its own allocation because of the availability of additional federal funds. Local funds when made part of the state agency and its programs can be matched by federal funds.

This law made federal funds available to states, for the first time, to conduct comprehensive statewide planning. The purposes of the comprehensive statewide planning are to identify state resources for rehabilitation, to provide for growth and development of rehabilitation programs, and to plan for providing rehabilitation services to all disabled people.

The above discussion of major federal legislation shows the growth in both concept and federal funding that has taken place since 1920 in the federal-state rehabilitation programs. This growth has led to an increasing degree of organizational and administrative complexity at both federal and state levels. The succeeding discussion will briefly describe the present organizational aspects of the administration of vocational rehabilitation programs at federal and state levels.

Organization of Federal-State Vocational Rehabilitation Programs

The Social and Rehabilitation Service, a part of the Department of Health, Education, and Welfare, consists of five divisions: Rehabilitation Services Administration, Children's Bureau, Administration on Aging, Medical Services Administration, and Assistance Payment Administration. The Rehabilitation Services Administration replaced in 1967 the previous agency, the Vocational Rehabilitation Administration. The programs and activities of the Rehabilitation Services Administration are given direction and supervision through nine regional offices.² Each regional office has a regional Commissioner as a chief administrator. The regional Commissioner has the responsibility for checking the state plans

²Currently, there are ten regional offices.

of the state rehabilitation agencies in his region. Final approval of state plans is given by the administrator of SRS. The regional Commissioner also acts in an advisory capacity to state agencies and other interested public or private organizations.

The federal-state program of vocational rehabilitation services is provided to the disabled people through 91 state vocational rehabilitation agencies in 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam. All states, the District, and the territories have a "general agency" serving all the disabled people; thus there are 54 general agencies. People with a visual disability are served in 37 states by a separate agency serving blind people.

Region Seven, in which the focus of this study lies, is comprised of five states: Arkansas, Oklahoma, Louisiana, New Mexico, and Texas.³ Four of these states have a separate vocational rehabilitation agency for the blind as well as a general state vocational rehabilitation agency. The state of Oklahoma has but one state vocational rehabilitation agency which serves all disabled people, including the visually handicapped. Thus there are nine vocational rehabilitation agencies in the five states of Region Seven.

³Currently this region is designated as Region Six.

These agencies vary considerably in size and scope in Region Seven as Table 1 illustrates.

All the general agencies in Region Seven are a part of their respective State Board of Vocational Education. Agencies for the blind in Louisiana and New Mexico are part of the Department of Public Welfare; in Arkansas and Texas these agencies are organized as separate commissions.

Each general vocational rehabilitation agency has a Director as its chief executive officer. Figure 1 shows the organizational chart of a typical (but hypothetical) state vocational rehabilitation agency. Some comments will be made about the major responsibilities represented at each level on this chart. The director has advisory committees, such as a medical advisory committee, reporting to him in a staff capacity. The director has the position of assistant director as a subordinate in a line relationship with his position. Below the assistant director is a level of administration which includes the heads of the principal functional areas, such as program development, administrative services, and rehabilitation services.

The chief of administrative services supervises such activities as data processing, fiscal operations, procurement, personnel, and public relations. The chief of program development has under his supervision research and demonstration projects, workshops, and the compilation of statistical reports.

TABLE 1

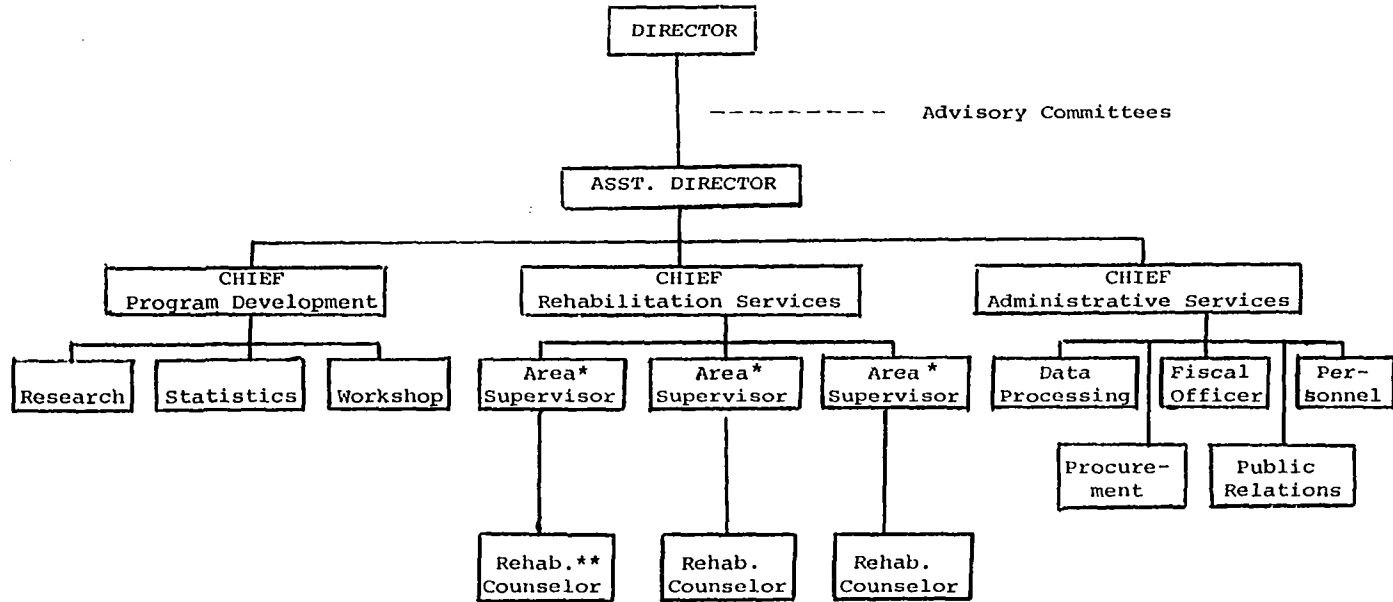
NUMBER OF EMPLOYEE MAN-YEARS, CASES SERVED AND CASES
REHABILITATED IN REGION SEVEN BY STATE VOCATIONAL
REHABILITATION AGENCIES IN FISCAL YEAR 1969

Agencies in Region Seven	Employee Man-Years	Cases Served	Cases Rehabilitated
Total General Agencies	2617.3	92,440	24,566
Arkansas	769.5	15,047	5,100
Louisiana	526.7	15,135	3,256
New Mexico	46.1	1,929	607
Oklahoma	485.7	22,368	5,350
Texas	789.3	38,011	10,253
Total Agencies for the Blind	215.4	5,697	2,031
Arkansas	49.6	650	220
Louisiana	28.5	945	150
New Mexico	7.5	177	53
Texas	129.8	3,925	1,608

Source: U. S. Department of Health, Education, and Welfare. *Caseload Statistics, State Vocational Rehabilitation Agencies 1969*. Washington, D. C.: R.S.A. Division of Statistics and Studies, pp. 21, 39.

FIGURE 1

ORGANIZATION CHART OF A TYPICAL
STATE VOCATIONAL REHABILITATION AGENCY



————— Line Relationship

- - - - - Staff Relationship

* The number of area supervisors depends upon the scope of the state program, the number of personnel and the area of the state.

** An area supervisor may have 10 to 15 rehabilitation counselors reporting to him.

The chief of rehabilitation services has under his supervision all the rehabilitation services rendered to disabled people in the state. He is, therefore, usually responsible for the activities of the largest number of agency personnel. He is aided by area supervisors whose major responsibility is to direct the operations of the field offices and the activities of the rehabilitation counselors. The area supervisors are designated as district supervisors, in some states. The area supervisors, in some states, may carry an active caseload as part of their total responsibilities. The state vocational rehabilitation agency of Texas is unique because of the number of personnel and the geographical area served; an additional organization level of regional directors has been interposed between the director of the agency and the level of area supervisors.

The vocational rehabilitation counselor is in charge of the supervision of field office operations; his subordinate staff consists of secretaries and (in Texas) counselors aides.

The counselors are of two types: "general" or "special." The general counselor has a territory assigned to him and works with people in that territory with different types of disabilities. In contrast, the special counselor is normally assigned clients from specific disability groups or specific referral sources and has clients, therefore, with more homogeneous disabilities.

So far the changing scope of the concept of vocational rehabilitation has been examined as evidenced by legislative developments in vocational rehabilitation. The writer has also examined the federal and state organization structure in the vocational rehabilitation. Research and training in vocational rehabilitation is essential to meet the challenge of the increased scope of vocational rehabilitation and for the administration and management of the complex federal-state organization structure. The following discussion will focus attention on the research and training in vocational rehabilitation programs.

Research and Training in Vocational Rehabilitation Programs

For more than 15 years, the Rehabilitation Services Administration (and its predecessor organization) has established programs of research, demonstration and training to assist the vocational rehabilitation personnel to solve rehabilitation problems.

Some of the research programs are aimed at medical orientation towards rehabilitation, vocational orientation, mental retardation, and deafness. The demonstration grants are provided to facilitate the translation of new findings into rehabilitation practice. The aim of the demonstration projects is to test the effectiveness of the new and improved procedures of rehabilitation and to disseminate research information through publications of project reports. The

1965 legislation, Public Law 333, empowers the Vocational Rehabilitation Administration (superseded by the Social and Rehabilitation Service) to undertake directly some of the research and demonstration activities.

The Social and Rehabilitation Service supports Regional Rehabilitation Research Institutes in each of the nine regions in the United States. The basic objectives of these Regional Rehabilitation Research Institutes are to develop a program research of significance to vocational rehabilitation, to encourage the state vocational rehabilitation agencies to be research oriented regarding their operational problems, and to provide research consultation services to state vocational rehabilitation agencies, Social and Rehabilitation Services and its regional offices.

The following table shows the location of each Regional Rehabilitation Research Institute and its core area of research.

The Regional Rehabilitation Research Institute in Region Seven was established at the University of Oklahoma Research Institute in August, 1966, from the funds made available by the Social and Rehabilitation Service, Department of Health, Education and Welfare. The objectives of this Institute are to engage in applied, demonstration and developmental research in the areas of organization, administration and management of vocational rehabilitation program.

TABLE 2
LOCATIONS OF REGIONAL REHABILITATION RESEARCH INSTITUTES
AND THEIR CORE AREAS OF RESEARCH

Region	Location	Core area of research
1	Northeastern University Boston, Massachusetts	The relationship between motivation and dependency
2	New York State School of Industrial and Labor Relations, Cornell University, Ithaca, New York	Sheltered workshops -- Personnel practices, labor relations, wages, supervision
3	College of Education University of Maryland College Park, Maryland	Sheltered workshops -- Materials equipment, work flow, environmental conditions
4	College of Health Related Professions, University of Florida, Gainesville, Florida	Personnel utilization, problems in rehabilita- tion services fields
5	Department of Counseling and Behavioral Studies, University of Wisconsin, Madison, Wisconsin	Professional functions of rehabilitation counselors
6	University of Missouri Columbia, Missouri	Counseling with the underprivileged
7	University of Oklahoma Research Institute Norman, Oklahoma	Administration and management in state rehabilitation agencies
8	University of Utah Salt Lake City, Utah	Interpersonal relations in rehabilitation in rural areas
9	School of Social Work University of Washington Seattle, Washington	Role of the family in rehabilitation process

The first publication of this Institute was a monograph; *Administration and Management: A Selected and Annotated Bibliography*, which was intended to furnish to vocational rehabilitation personnel information about some basic literature in the field of administration and management. A three-level organizational study of the state vocational rehabilitation agencies in Region Seven was undertaken by this Research Institute in its initial period. The first part of this organizational study focused on top administrative levels in the vocational rehabilitation agencies in Region Seven. The second level of this study concentrated on administration and management of district offices; this was a study of the first-line supervisory level of state vocational rehabilitation agencies in Region Seven. The third level of the organizational study (that is, the one reported on these pages) has its objective to identify managerial functions performed by vocational rehabilitation counselors in Region Seven.

The Rehabilitation Services Administration Management Training Program had been initiated at the University of Oklahoma in July, 1965. The Regional Rehabilitation Research Institute and Rehabilitation Services Administration Management Training Program in Region Seven function in close cooperation with each other but are administered independently. Research findings generated at the Regional Rehabilitation Research Institute are disseminated to the rehabilitation personnel

attending the Rehabilitation Services Administration Management Training Program. The topics of research discussed at the Management Training Program provide valuable source to the Research Institute's personnel for the development of new research projects. For example, this particular research topic -- "The Analysis of Managerial Aspects of Vocational Rehabilitation Counselor Position in Selected States" -- was developed from the discussions with the participants in the Management Training Program.

The Management Training Program was funded by the Rehabilitation Services Administration to provide short term training in administration and management to state vocational rehabilitation administrators. This management training program offers eleven short courses of one week duration and five three-day short courses.

The course offerings are as follows:

<u>Seminars</u>	<u>Course</u>
Phase 1	"Basic Principles of Management"
Phase 2	"Program Planning"
Phase 3	"Manpower Development"
Phase 4	"Human Relations and Communications"
Phase 5	"Problems in Organization"
Phase 6	"Management of Managers"
Phase 7	"Problems of the State Director"

Phase 8	"Supervisory Management"
Phase 9	"Managerial Decision Making"
Phase 10	"Program Evaluation"
Phase 11	"Management of Change"

Since its inception in July, 1965, this program has provided management training to 713 vocational rehabilitation personnel from all nine regions in the United States. Table 3 shows the positions of the vocational rehabilitation personnel who have attended the above mentioned management training seminars. It shows that state directors, assistant directors, state supervisors, and district supervisors are in attendance at this management training program most frequently. The position of vocational rehabilitation counselor is shown to have least frequent attendance as this training program is primarily designed for supervisory and higher levels of state agencies' personnel.

From the foregoing discussion one can see that since 1920, the scope of the concept of vocational rehabilitation has increased significantly. The expansion of the concept of vocational rehabilitation has resulted in a complex organization structure at federal and state levels of vocational rehabilitation agencies. It has also brought about an increasing need for research and management training in vocational rehabilitation.

TABLE 3

ATTENDANCE AT RSA MANAGEMENT TRAINING
BY TYPE OF PERSONNEL
SEPTEMBER 1, 1969-AUGUST 31, 1970

<u>Position</u>	<u>Attendance</u>
State Director	92
Assistant Director	109
State Supervisor	282
Statewide Planning Officer	12
Fiscal Officer	36
Facilities Specialists	39
Area Administrator	21
District Supervisor	103
Counselor	8
RSA Personnel	9
Other	2

*This figure includes the participants who have attended the Management Training Program more than once.

In the following chapter, the role of the rehabilitation counselor from traditional and emerging viewpoints will be examined. There will also be a discussion of the statement of the problem of this research study and its limitations.

CHAPTER II

THE ROLE OF THE REHABILITATION COUNSELOR

The role of the rehabilitation counselor has been in a state of flux. In the early period, the counselor's role was viewed as a purchaser of rehabilitation services. The counselor was designated as a "rehabilitation agent or rehabilitation officer." Agencies recruited people with diverse backgrounds to function in this capacity. The training as a counselor was not available or thought necessary to function as a rehabilitation agent.

With the passage of Public Law 565 in 1954, the training of professional personnel in the field of rehabilitation counseling became available in education institutions and rehabilitation agencies. With the advent of training in the field of rehabilitation counseling, the role of the rehabilitation counselor became more of a professional counselor. The view of the role of the counselor as a professional emphasizes the counseling function. These two views, with the view of the counselor as a professional being predominant, compose the "traditional view."

An examination of the literature related to the role of the rehabilitation counselor reveals these two distinct viewpoints. One group of authors views the rehabilitation counselor as a coordinator of services: in this view the counselor is an interdisciplinary worker or a coordinator of multi-disciplinary services. Quotations from Cottle, Johnston, and Propst will serve as illustrations of this point of view.

In himself and his fellow counselors he (the rehabilitation counselor) sees a combination of parent, doctor, psychologist, teacher, policeman, public relations expert, personnel manager, placement specialist, and jack-of-all-trades. Certainly the field of vocational rehabilitation is one of the broadest in the whole catalog of professions.¹

He is an expert coordinator of services. . . He has many general abilities and special abilities in at least two or more disciplines.²

(1) A counselor is a member of the professional staff of an agency whose function is the rehabilitation of handicapped individuals.

¹Cottle, W. C., "Personal Characteristics of Counselors: Review of Literature," *Personnel Guidance Journal*, Vol. 31 (1953), p. 446.

²Johnston, L. T., "The Counselor as Others See Him," in Patterson, C. H. (ed.), *Readings in Rehabilitation Counseling* (Champaign, Illinois: Stipes Publishing Company, 1960), pp. 42-43.

(2) He is an administrative agent to such individuals insofar as he supplies vocational information, arranges for tests, the purchase of prosthetic devices, interviews with others, workshop or training experience and so forth, and insofar as he controls the client's utilization of, and passage through, the facilities he makes available.

(3) He is a therapeutic agent to such individuals insofar as he provides a setting and makes responses, of such character as to facilitate the client's working through to some degree, that alteration in self view which, in part his handicap consists.³

Another viewpoint considers the rehabilitation counselor primarily as a professional "counselor." Although Miller, Garrett, and Stewart, Lofquist and Anderson, for example, recognize that the rehabilitation counselor performs other non-counseling duties, they do emphasize counseling as his major activity.⁴

Miller, Garrett and Stewart state abilities an individual should have in order to be a rehabilitation counselor as follows:

Ability to establish and maintain a counseling relationship with individuals.

Ability to evaluate aptitudes, skills, interests, and educational background.

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

³Propst, R., "General Counseling with the Handicapped," *Proceedings of the Fifth Annual Institute for Rehabilitation Workers* (Carbondale, Illinois: Southern Illinois University, June, 1958), p. 6.

⁴McGowan and Porter, *An Introduction to the Rehabilitation Process*, 1967, p. 147.

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

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

Ability to gather occupational information and make use of it.

Ability to evaluate training programs including the ability to determine entrance requirements, the scope of the training, the skills and techniques taught, and the relative value of similar types of training for the same job.

Ability to interpret the potential capacities and abilities of disabled persons and to secure the cooperation of employers in employing disabled persons.

Ability to make discriminating use of available community services in meeting the needs and problems of disabled persons and to maintain working and cooperative relationships with such sources.⁵

Patterson describes the role of the rehabilitation counselor from a professional counselor point of view. He states that

. . .The rehabilitation counselor is fundamentally a vocational counselor or a psychological counselor working with handicapped clients. He is not a member of a unique or interdisciplinary profession. Rehabilitation counseling will develop and advance as a profession to the extent that it recognizes itself as a part of the general counseling profession. . . .⁶

⁵Miller, Leonard M., James F. Garrett, and Nathaniel Stewart, "Opportunity: Rehabilitation Counseling," *Personnel and Guidance Journal*, Vol. 33 (1954-55), p. 445.

⁶Patterson, C. H., "The Interdisciplinary Nature of Counselor Training," *Personnel and Guidance Journal*, Vol. 36 (1958), p. 312.

It is evident that there is little agreement on how to characterize the principal role of the rehabilitation counselor: is he a coordinator of rehabilitation services or does he himself provide counseling services?

We will briefly examine the process of rehabilitation so that a better understanding can be acquired of the work performed by the rehabilitation counselor. An understanding of the rehabilitation process is essential to see the sequence of steps which the counselor undertakes in seeking to attain the rehabilitation of a client.

The Rehabilitation Process

McGowan defines the rehabilitation process as follows: "The rehabilitation process is a planned orderly sequence of services related to the total needs of the handicapped individual."⁷

Thus the rehabilitation process is a series of services provided to an individual for his rehabilitation. The rehabilitation process consists of evaluation and eligibility determination, planning of rehabilitation services, providing rehabilitation services, and employment of the client.

The Rehabilitation Services Administration has assigned code numbers to reflect the status of the client in the rehabilitation process. These code numbers also assist

⁷McGowan and Porter, *Op. Cit.*, p. 51.

in uniform reporting of caseload data and in the evaluation of the agency's and the counselor's caseload management.

The first step in the rehabilitation process is the evaluation and eligibility determination of the referral. A referral is any individual who contacts a counselor himself or is referred to the counselor by any person in the community. The counselor interviews the referral to obtain essential background information such as name and address, disability, age and sex, data of referral and source of referral. The individual's case is given code number 00 in this status.

The counselor assigns the code number 02 when the individual requests rehabilitation services either by a signed letter or by signing the agency's application form to obtain rehabilitation services. The counselor then obtains data on medical, psychological, vocational, educational, social, and cultural evaluation of the applicant. The counselor now attempts to determine whether the applicant is eligible to receive rehabilitation services based upon the following criteria:

- (1) the presence of a physical or mental disability
- (2) the existence of substantial handicap to employment
- (3) a reasonable expectation that vocational rehabilitation services may render the individual fit to engage in a gainful occupation.⁸

⁸Department of Health, Education, and Welfare, *Vocational Rehabilitation Administration: The Federal Register* (Washington, D.C.: Vocational Rehabilitation Administration, HEW, January 14, 1966), Vol. 31, No. 9, Part II, p. 503.

When the applicant is declared eligible for services by the counselor and is certified, he is placed on the counselor's caseload as a client.

When a counselor cannot make the decision of the eligibility of an applicant due to the severity of his disability, he places the case in either code number 04 or 06. Code number 04 is a six-month extended evaluation of the applicant to determine his rehabilitation potential prior to determining his eligibility. An applicant cannot remain in this status longer than six months.

When an applicant is certified to have one of the disabilities such as deafness, blindness, paraplegia, quadriplegia, heart disease, cancer, stroke, epilepsy, mental illness, cerebral palsy, or brain damage, he is placed in eighteen-month extended evaluation (code number 06) to determine his rehabilitation potential. If an applicant whose case was coded 04 or 06 is declared ineligible to receive rehabilitation services his case is closed and assigned a code number 08.

The second step in the rehabilitation process is planning of rehabilitation services. The counselor designs the vocational rehabilitation plan based on his rehabilitation diagnosis of the client. This rehabilitation plan must also be acceptable to the client. The client's case is assigned code number 10 when the counselor accepts the client for rehabilitation services. The client's case is

given code number 12 when the plan is written and approved by the appropriate agency personnel; the case remains in this status while the counselor is arranging for the rehabilitation services and until the client actually begins to receive services. If the client should withdraw from his vocational rehabilitation program during this time, his case is closed as "unsuccessfully rehabilitated" and assigned code number 30.

The third step in the rehabilitation process is the provision of rehabilitation services. There are three basic services which are available to the client: counseling and guidance, training, and physical restoration.

The client's case is assigned code number 14 when the only rehabilitation service rendered by the agency is counseling and guidance. This status reflects the counselor's decision that a client needs an extensive counseling and guidance before he is ready to receive other rehabilitation services or employment. An approval of the amendment to the client's vocational rehabilitation plan to this effect is essential prior to placing the client in this status.

When a client receives medical, surgical, psychiatric, or therapeutic treatment or is undergoing a prosthesis treatment, his case is assigned code number 16. A client remains in this status until all physical restoration services are completed.

The code number 18 is assigned to the client's case when he receives bona fide training as a rehabilitation

service. The client remains in this status until his training program is completed.

The fourth step in the rehabilitation process is the employment of rehabilitated client. When all the rehabilitation services have been rendered and the client becomes ready for employment, his case is assigned code number 20. The placement of the client in a suitable employment is an integral part of each rehabilitation plan. The planning for the job placement of the client is done by the counselor taking into consideration such factors as disabilities and abilities of the client, rehabilitation training of the client and the requirements of the job. The client's case is assigned code number 22 when he is employed in a suitable job.

Code number 24 is assigned to a client's case when services are interrupted while the client is in any one of the statuses 14, 16, 18, 20, or 22 pending his return to the status or pending closure. If the client, after these services have been initiated, decides to withdraw from the rehabilitation program, his case is closed as "unsuccessfully rehabilitated" and assigned the code number 28.

The client's case is closed as "successfully rehabilitated" (code number 26) after he has been in employment for a minimum of thirty days. During this period, the counselor evaluates the job duties, client's adjustment to the job duties, wage rates, working conditions and the satisfaction of the

employer with the client's performance on the job. The client is considered "successfully rehabilitated" when the case has met the following criteria:

1. Has been declared eligible.
2. Has received appropriate diagnostic and related services.
3. Has had a plan of vocational rehabilitation services formulated.
4. Has completed the plan insofar as possible.
5. Has been provided counseling and one or more other rehabilitation service.
6. Has been determined to be suitably employed for a minimum of thirty days.⁹

The above discussion of the rehabilitation process shows that the counselors guide the clients through a succession of steps in the rehabilitation process. The counselors are engaged in maintaining a flow of clients through the rehabilitation process. The counselors maintain the flow of clients by accepting referrals as inputs in the rehabilitation process and by providing appropriate rehabilitation services to the clients resulting in outputs of successfully rehabilitated clients.

An appropriate flow of clients through the rehabilitation process involves use of management concepts by the counselors. McGowan and Porter states that

⁹McGowan and Porter, *Op. Cit.*, p. 173.

Caseload management involves the attainment of balance in services provided to the clients; the attainment of a reasonable balance in service to the various disability classifications; and the maintenance of an active caseload of appropriate size.¹⁰

McGowan and Porter uses the term "balance" to denote some minimum and maximum number of clients in various steps in rehabilitation process. The caseload management also involves maintaining an active caseload which shows the movement of clients through the various stages of the rehabilitation process.

In order to manage his caseload successfully, the counselor functions in a managerial capacity. The counselors plan, organize, staff, direct, and control their caseload activities to reach the objective of maintaining a proper flow of clients through the rehabilitation process.

Since the success of the counselors depends upon their ability to manage caseload, it would appear necessary that individuals aspiring to become counselors should receive managerial training. The succeeding discussion focuses attention on training of counselors.

Training of Counselors

The increase in the size of the training programs for the rehabilitation counselors shows the dramatic change in the size and scope of the vocational rehabilitation programs

¹⁰McGowan and Porter, *Ibid.*

in the United States. As the expansion in the rehabilitation programs in state agencies began to take place the demand for the trained rehabilitation counselor became acute. Public Law 565, enacted in 1954, first authorized federal funds to train rehabilitation counselors. Public Law 333 of 1965 continued and increased the federal financial assistance for training of rehabilitation counselors.

McGowan states that

In 1954, only 12 rehabilitation counselors were completing their graduate work. But in 1964, just ten years later, about 350 rehabilitation counselors were graduated from the two years master's degree course and were ready for employment. By 1966, about 3,250 individuals had graduated from VRA supported rehabilitation counselor training programs; about 2,892 of these individuals received VRA traineeships and about 367 students completed training without VRA assistance. In 1966, 41 programs were in actual operation with graduate students and 16 were in various stages of curriculum planning and recruitment of students. In addition, training programs for counselors in psychiatric rehabilitation had been established in four universities. Six post-entry programs for newly employed rehabilitation counselors were recently initiated in State Vocational Rehabilitation agencies. These six programs cooperate with universities, using the plan of formal study in an academic institution and interspersing study with periods of work in the state vocational rehabilitation agency.¹¹

There are three types of training programs available for preparation as a rehabilitation counselor. The first type of program leads to a master's degree in rehabilitation

¹¹ McGowan and Porter, *Ibid.*, p. 32.

counseling and it is offered in universities in cooperation with state vocational rehabilitation agencies. Six colleges and universities offer master's degrees in rehabilitation counseling in Region Seven: Arkansas State University, the University of Southwestern Louisiana, the University of New Mexico, Oklahoma State University, Texas Technological College, and the University of Texas.

Directors of these graduate programs in rehabilitation counseling were asked for information about their degree requirements; three of the six responded. Based on the information furnished by the three universities, topics generally included in the master's degree program are:

- (1) Introduction to rehabilitation counseling
- (2) Introduction to counseling
- (3) Psychological testing
- (4) Rehabilitation counseling process
- (5) The psychology of disability
- (6) Case studies in rehabilitation counseling
- (7) Medical aspects of rehabilitation
- (8) Occupational information
- (9) Practicum in rehabilitation counseling

All respondent institutions require the candidate for a master's degree to complete an internship in a rehabilitation agency or a rehabilitation setting. Two of the three schools require a thesis. Only one program of study offered a course in rehabilitation administration.

The second type of program is a pre-employment training program. The rehabilitation counselor training program at Oklahoma State University provides this pre-employment training program in Region Seven. The objective is to provide basic knowledge in rehabilitation counseling to new counselors who have had no previous training in rehabilitation counseling. This type of program is conducted as a "workshop" in rehabilitation counseling.

The third type of program is the "in-service" training program for rehabilitation counselors. The "in-service" training programs are conducted by individual state vocational rehabilitation agencies for up-grading the knowledge and skills of their practicing rehabilitation counselors. In addition to these "in-service" training programs offered by state agencies, counselors are also sent to training programs conducted by universities, rehabilitation centers, and hospitals.

The above discussion on the training programs of the rehabilitation counselors shows that the emphasis of the training is on the concepts of rehabilitation counseling. The trainees are given limited exposure to the techniques of coordination of services and management of caseloads. The following discussion will describe the emerging view of the role of the rehabilitation counselor.

Emerging View

The increasingly prominent view about the role of the rehabilitation counselor is managerial in nature. The current thinking among leaders in rehabilitation about the position of the rehabilitation counselor reflects that it consists largely of managerial duties. This emerging view also shows a need for providing managerial training to the individuals aspiring to become rehabilitation counselors.

Peterson states in his study on *Counseling in the Rehabilitation Process*,

Counseling is provided as a service to clients by the state agency; however, the extent to which it is provided is limited in two ways: first, it is provided to less than half of the clients served by the agency; second, of those clients provided counseling, almost half of them received fifty minutes or less of actual counseling time. Counselors spend more time with clients providing services other than counseling, than they do in providing counseling.¹²

Acree, the Executive Secretary of the Social and Rehabilitation Service, made this comment on the counselor's role at a recent meeting.

Maybe it is the man (rehabilitation counselor) who in some cases might serve as a district supervisor, or in some cases where there is a lot of territory, he would be the person who would have to go out and round up all the resources and get people working together to mobilize their

¹²Peterson, R. A., *Counseling in the Rehabilitation Process* Unpublished Dissertation (University of Missouri, 1964), p. 131.

resources and work to establish new rehabilitation centers and sheltered workshops, etc.¹³

A report of the Sixth Institute on Rehabilitation Services, entitled *Use of Support Personnel in Vocational Rehabilitation*, states,

The Master's Degree Program in Rehabilitation Counseling in colleges and universities throughout the country should become involved with the rehabilitation aide concept. The most effective contribution would be in developing courses in supervision for the Master's Degree candidate. The counselor would thereby acquire a skill which would enable him to adapt to the counselor-aide concept more rapidly and effectively. Some of the initial fear and threat would be allayed as the counselor would have tools with which to function in the role of supervisor. Additional courses in the use of rehabilitation aides should be considered by program coordinators. Therefore, it is necessary for the coordinators to take another look at the rehabilitation counselor model they have developed.¹⁴

Strader's recent study reports the following breakdown of counselor activities and proportion of time devoted to each act.

Strader's data indicate that, in the estimation of their supervisors, counselors in Texas and Louisiana devote on the average only about one-sixth of their total

¹³Acree, Nathan E., "Identification of Researchable Problems in State Agencies," in *Proceedings of a Research Seminar* (Sponsored by the Regional Rehabilitation Research Institute, University of Oklahoma, 1969), p. 26.

¹⁴Sixth Institute on Rehabilitation Services, *Use of Support Personnel in Vocational Rehabilitation: A Training Guide* (Washington, D.C.: Department of Health, Education, and Welfare, 1968), p. 69.

TABLE 4

ACTIVITIES, AVERAGE PROPORTION OF TIME ALLOCATED
AMONG COUNSELORS IN TEXAS AND LOUISIANA

<u>Activity</u>	<u>Average Proportion of Time</u>	
	<u>Texas</u>	<u>Louisiana</u>
Counseling clients	16.14%	16.25%
Determining eligibility	13.14	9.75
Follow-up	11.00	9.50
Intake	10.00	16.25
Writing plans	8.14	4.25
Arranging for services	6.57	5.25
Travel	5.43	8.75
Staff meetings	5.43	4.25
Planning	5.14	5.75
Closure	4.57	4.50
In-service training	4.43	5.00
Public relations	3.57	4.00
Other (Placement)	5.57	6.00
Paperwork*	<u>32.14</u>	<u>26.25</u>
TOTAL	131.27%	125.75%

*This time was estimated separately; hence, the total exceeds 100%.

time to the counseling function.¹⁵ The researcher in his discussion with the management personnel in state agencies across the United States found the predominant view to be that the counseling function is a minor part of the rehabilitation counselor position.

¹⁵Strader, E., *A Study of Management Practices in Selected State Agencies from the Perceptions of Their Supervisors*, Unpublished Dissertation (The University of Oklahoma, 1970), pp. 129, 135.

With this emerging view about the rehabilitation counselor's position in mind, the researcher undertook the investigation of the managerial aspects of rehabilitation counselor's position in Region Seven. In order to identify what the functions of a manager are, fifteen well-known books in the field of management were reviewed.¹⁶ The views

¹⁶Dale, Ernest, *Management: Theory and Practice* (New York: McGraw-Hill Book Company, 1969), pp. 5-8.

Davis, R. C., *Fundamentals of Top Management* (New York: Harper and Bros., 1951), p. 154.

Fayol, Henri., *General and Industrial Management* (London: Sir Isaac Pitman and Sons, Ltd., 1965), pp. 5-6.

Fox, William McNair., *The Management Process: An Integrated Functional Approach* (Homewood, Illinois: Richard D. Irwin, Inc., 1965), pp. 3-5.

Gulick, Luther., "Notes on Theory of Administration," in L. Gulick, L. Urwick (eds.), *Papers on the Science of Administration* (New York: Institute of Public Administration, 1937), pp. 1-45.

Haimann, Theo., *Professional Management: Theory and Practice* (Boston: Houghton Mifflin Company, 1962), pp. 21-25.

Hicks, Herbert G., *The Management of Organizations* (New York: McGraw-Hill Book Company, 1967), p. 157.

Holden, P.E., Fisher, L.S., and Smith, H. L., *Top Management Organization and Control* (New York: McGraw-Hill Book Company, 1951), p. 3.

Jucius, Michael J. and William E. Schlender, *Elements of Managerial Action* (Homewood, Illinois: Richard D. Irwin, 1960), pp. 4-5.

Koontz, Harold, and Cyril O'Donnell, *Principles of Management: An Analysis of Managerial Functions* (New York: McGraw-Hill Book Company, 1968), pp. 41-51.

Longenecker, Justin G., *Principles of Management and Organizational Behavior* (Columbus, Ohio: Charles E. Merrill Books, Inc., 1964), pp. 24-25.

Meggison, Leon C., *Personnel: A Behavioral Approach to Administration* (Homewood, Illinois: Richard D. Irwin, Inc., 1967), p. 291.

Newman, William H., Charles E. Summer, and E. Kirby Warren, *The Process of Management: Concepts, Behavior, and Practice* (Englewood Cliffs, New Jersey: Prentice Hall, Inc., 1967), pp. 9-14.

of these authors on the functions of a manager are summarized in a tabular form in Appendix VI.

Although some sixteen different functions are identified by these authors, only five of them are included in as many as seven of the fifteen books. Appendix VI shows that in all fifteen books the authors include both planning and organizing as managerial functions, and in fourteen books controlling is listed as a managerial function. Seven books include staffing and directing as the functions of the manager.

For the purpose of this study, the researcher will use the functions of the manager as given by Koontz and O'Donnell. These men are viewed as authorities in the field of management and their book, *Principles of Management: An Analysis of Managerial Functions*, is one of the most widely used texts in colleges of business administration in the United States. In succeeding discussions we will briefly explain the functions of the manager put forward by Koontz and O'Donnell: planning, organizing, staffing, directing, and controlling.

Terry, George R., *Principles of Management* (Homewood, Illinois: Richard D. Irwin, Inc., 1968), pp. 129-131.

Urwick, Lyndall, *The Elements of Administration* (New York: Harper and Bros., 1943).

Definitions of the Functions of a Manager

Koontz and O'Donnell describe the functions of the manager as follows:

Planning:: It is an activity of selecting objectives and policies and formulating programs and procedures for achieving the objectives and implementation of policies. Planning is done for the total organization or for an organized part of the total organization.

Organizing:: The process of organizing involves the determination and enumeration of activities required to achieve the objectives of the enterprise, the grouping of these activities, the assignment of such groups of activities to a subordinate, the delegation of authority to carry them out and provision for coordination of authority relationships horizontally and vertically in the organization structure.

Staffing: It is the activity of manning and keeping manned the positions provided by the organization structure. Staffing involves determining manpower requirements to accomplish the organizational objectives, including the activities of compensating, training and developing candidates and incumbents to accomplish their tasks effectively.

Directing: This is the activity of providing guidance and supervision to subordinates.

Controlling: It is an activity which seeks to compel events to conform to plans. Controlling includes such activities as performance evaluation and correction of deviations to assure the achievement of planned objectives.

The position of the rehabilitation counselor in Region Seven was analyzed to inquire whether the counselors performed in the managerial capacity in terms of the above managerial functions. The following discussion provides the statement of the research problem and the questions this research study will attempt to answer.

Statement of the Problem

Mention was made in Chapter I of the three-part study which was the first field research effort of the Regional Rehabilitation Research Institute. The separate, but interrelated, studies focused on different managerial levels: the first dealt with the agency director and his principal assistants; the second with the supervisors; and the third (i.e., this study) with the counselors.

The original research design intended that what was to be, literally, a simultaneous study of these agencies at three levels which would furnish comparable data from all levels of management. Several months were devoted to designing questionnaires and interview schedules which would achieve this objective. The findings were expected to provide a rather comprehensive and a composite picture of the organization of the state agencies in Region Seven.

Unfortunately, the research undertaking of the first two levels of this total organizational study took significant turns beyond the control of this researcher. As a result of personnel changes in the Regional Rehabilitation Research

Institute, the top level study was postponed indefinitely. The research design of the second level of this organizational study was modified independently and thus lost its relationship with the third level of this organizational study.

The researcher had designed his research instruments in anticipation of availability of compendium of data from the other two studies -- these are not available. Consequently, the data collected about the counselors' activities and perceptions must be interpreted without any reference to the reports of their supervisors or other managers in these agencies. The purpose of this study is stated in the form of the following four questions:

(1) In what ways, if any, does a counselor perform these managerial functions: planning, organizing, staffing, directing, and controlling? How important a part of his total job is each of the foregoing functions?

(2) How do the agency, in general, and the immediate supervisor, in particular, assist the counselor in performing the managerial functions?

(3) Does the counselor view his role, presently or potentially, as being managerial in nature?

(4) Do these findings have any implications for those who select, train, and direct vocational rehabilitation counselors?

Sources of Data

The preliminary information regarding the nature of the rehabilitation counselor position was obtained by the

researcher from the management personnel of the state rehabilitation agencies. The writer came into contact with the management personnel of the state rehabilitation agencies from across the United States while they were participating in Rehabilitation Services Administration Management Training Programs held at the University of Oklahoma.

The researcher also attended the training program for rehabilitation counselors in Region Seven held at the Oklahoma State University to gain the information about and familiarity with the rehabilitation counselor position. The writer wrote to the directors of six academic institutions offering graduate programs in rehabilitation counseling, requesting information for the requirements for a graduate degree in rehabilitation counseling.

The questionnaires and personal interviews with vocational rehabilitation counselors were used to obtain most of the data for this research study. The researcher undertook a pilot investigation in the state rehabilitation agency in Oklahoma to test the questionnaire for clarity and logic of questions. The questionnaire was then redesigned to incorporate changes suggested by the participant counselors in the pilot study. The questionnaire was coded so that machine tabulation would be feasible.

The letters to all the directors of the state rehabilitation agencies in Region Seven were sent requesting their cooperation in conducting research in their agencies. The

letter (see Appendix IV) explained the nature of the research study and the questions this study is seeking to answer.

The questionnaires were distributed to the rehabilitation counselors through the central offices of their respective state rehabilitation agencies accompanied by an explanatory letter (see Appendix V). The following table shows the number of counselors to whom the questionnaires were sent and the number of counselors who responded to the questionnaires by each state rehabilitation agency in Region Seven.

The researcher received 68 percent return on the mail questionnaire. The researcher interviewed 34 rehabilitation counselors in state rehabilitation agencies in Region Seven. The schedules of the questionnaire and interview are reproduced in Appendices I and III.

The data within the region were analyzed to compare responses from blind agencies with those from general agencies, but no significant differences were shown. Indeed, only a few significant differences appeared as between the states.

Limitations of the Study

This study will not attempt to analyze the guidance and counseling part of the rehabilitation counselor's work. Some of the state rehabilitation agencies, such as Oklahoma rehabilitation agency, have gone through substantial reorganization. The reorganizations of the state agencies have taken place in terms of the location of the state

TABLE 5

THE NUMBER OF COUNSELORS WHO RECEIVED QUESTIONNAIRES AND THE
NUMBER OF RESPONDENTS BY EACH STATE AGENCY
IN REGION SEVEN

<u>State Rehabilitation Agency</u>	<u>Number of Counselors Who Received Questionnaires</u>	<u>Number of Counselor Respondents</u>	<u>Percent Return</u>
Arkansas (Blind)	12	5	42
Arkansas (General)	100	83	83
Louisiana (General)	80	32	40
Louisiana (Blind)*	--	--	--
New Mexico (General)	18	11	61
New Mexico (Blind)	4	4	100
Oklahoma (General)	80	71	89
Oklahoma (Blind)**	3	3	100
Texas (General)	300	198	66
Texas (Blind)	32	21	66
	629	428	66

*Louisiana (Blind) did not participate in this study.

**For comparative purposes, counselors from Oklahoma agency were separated as those carrying general caseload and visually handicapped caseload.

agencies in the scheme of state organization. Although some state agencies in Region Seven have recently been reorganized, these changes do not seem to have affected the work of the counselor.

The discussion of the data and the answers to the first three questions raised in this study will be given in the following chapter.

CHAPTER III

MANAGERIAL ASPECTS OF THE REHABILITATION COUNSELOR POSITION

Earlier discussion focused on the changing scope of the concept of vocational rehabilitation, the organizational structure of the vocational rehabilitation agencies at both federal and state levels, and the role of the rehabilitation counselor. The aim of this chapter is to provide answers to the first three questions raised in this study by presenting data obtained from the questionnaire survey and interviews with the counselors in Region Seven.

The question this chapter will address first is--
In what ways, if any, does a counselor perform these managerial functions: planning, organizing, staffing, directing, and controlling? How important a part of his total job is each of these functions?

The following discussion will show the managerial functions of planning, organizing, staffing, directing, and controlling performed by the counselor in Region Seven. The breakdown of work activities in broad categories of the typical workweek of a counselor in terms of managerial functions was reported to be as follows:

<u>Managerial Function</u>	<u>Percentage of Typical Workweek</u>
<u>Planning</u>	
Development of rehabilitation plan for clients	15
Staff meeting	<u>3</u>
	18
<u>Organizing</u>	
Coordination of professional services	6
Community activities	3
Contacting employers	5
Contacting training agencies	<u>5</u>
	19
<u>Staffing</u>	
Intake	10
Contacting sources of referrals	6
Contacting referrals	8
In-service training	2
In-service training for counselor trainees	<u>1</u>
	27
<u>Directing</u>	
Contacting clients	15
<u>Controlling</u>	
Records management	12
Evaluation of professional reports	<u>6</u>
	18
<u>Other</u> (Travelling, administrative duties, telephone, testing, research.)	<u>3</u>
	100%

Planning

Respondents have indicated that they plan caseload activities, their own work and the work of their subordinates and development of resources. The respondents have indicated that they do not engage to a significant extent in financial planning.

In caseload activities, respondents plan for the size of their caseloads. Seven out of ten respondents stated that they predict the size of the caseload they will serve during the fiscal year. Two-thirds of the respondents stated that they also predict the number of successful closures they will have during the fiscal year. This form of planning the counselor undertakes so that he can meet the state agency's requirements of successfully rehabilitated clients. This planning also allows him to maintain the size of his caseloads at an optimum level by contacting referrals and accepting them as clients on his caseload. Nine out of ten respondents stated that their contact with the existing sources of referrals vary from "as needed" to once a month. The counselor's planning of obtaining referrals is necessary to maintain an adequate and relatively uniform flow of inputs in the rehabilitation process.

The counselor collects and analyzes case study data such as medical, psychological, socio-cultural and vocational characteristics of clients. The counselor then formulates

a vocational rehabilitation plan for his client. This plan must show that by rendering the rehabilitation services, the client's needs as evidenced by case study data will be met. The plan must also reflect that the client's aims of vocational rehabilitation will be achieved. Nearly all respondents have indicated that they have the authority to design each client's vocational rehabilitation plans.

A counselor also engages in planning of (rehabilitation) services necessary to rehabilitate clients. The client's rehabilitation plan may include provision of such services as physical restoration, training, maintenance, transportation, placement, provision of tools, equipment, and licenses and establishment and management services for small business enterprises.

The planning for the maintenance of his caseload and for the vocational rehabilitation services needed by his clients constitutes the major planning effort of caseload activities. The planning of the counselor's own work and the work of his subordinates centers on the objective of the rehabilitation of his clients.

The counselor plans his work activity in the form of itineraries of field work which consist of appointments with related agencies, rehabilitation facilities, sources of referrals, clients, referrals, and employers within the counselor's territory. The counselor's working time with these activities obviously will vary with the extent and nature

of the geographical territory assigned to him. The counselor with a large rural territory usually spends much more time in the field work activities than the counselor who works in a metropolitan area; and both of them will have different plans of field work than the counselor assigned to a penal institution or a mental hospital.

Nine out of ten respondents indicated that they plan their work activities. The range of time span for which these plans are made varies from day-by-day to one month. The most frequently used time period is one week. Four out of ten counselors from state agencies other than the New Mexico general agency reported that they plan their work activities for one week. However, more than half the respondents from the New Mexico general agency stated that they plan their work activities for two weeks or more. It may be noted that the New Mexico agency has few counselors and each counselor is assigned a large geographical area; this probably explains why the counselors in this state agency plan their work activities for a longer period.

Eight out of ten respondents stated that they use a caseload masterlist in managing their caseloads. A caseload masterlist shows the rehabilitation status of each client on the counselor's caseload and also indicates the number of clients in each code classification of the rehabilitation process. The types of information which the caseload masterlist makes readily available to the counselor indicate

how this document can be used by counselors to plan their work with their clients. The caseload masterlist shows the counselor the progress of the clients in the rehabilitation process from month to month by comparing the current month's caseload masterlist with that of the previous month.

The counselor plans the work of his subordinates such as secretaries, counselor aides, and counselor trainees. Nine out of ten respondents stated that they hold conferences with their subordinates. Nearly eight out of ten respondents indicated that they use conferences with their subordinates to plan their work schedules.

Nearly half of the counselors also determine the objectives to be achieved by their subordinates. Of those respondents who set objectives for their subordinates, six out of ten stated that this is done on a monthly basis.

Respondents have indicated that they devote twenty-two percent of their total planning time to planning office procedures and administrative work of their field offices. Since procedures do not change much, this planning involves the assignment of work to subordinates and the maintenance of proper "flow" of work in the office. Counselor plans for assigning such duties to his subordinates as routine correspondence, maintenance of records and files, reports to district and state offices and responding to the inquiries from other agencies and individuals in his absence.¹

¹McGowan and Porter, *Op. Cit.*, p. 175.

Seven out of ten counselors have stated that they receive allocation of funds for caseload management. However, only one out of nine respondents stated that he prepares a budget for the financial management of his caseloads. Although the counselors maintain a record of expenditures of rehabilitation services on each client, most counselors do not engage in the overall financial planning of their caseload funds. This lack of overall financial planning has led counselors to run short of caseload funds before a new allocation of funds is made to the counselors.

Thus, it can be seen that the counselor in Region Seven is engaged in performing the managerial function of planning in terms of caseload activities such as planning the size of caseloads, planning for successfully rehabilitated clients, planning of clients' rehabilitation services. The counselor also engages in planning his own work and the work of his subordinates. The work of the subordinates is planned through the development of office procedures and making administrative adjustments. Although the counselor does not appear to do much financial planning for his caseload management, it is the writer's conclusion from the evidence presented above that the counselors do significant planning activities in their caseload management. Now the writer will examine the managerial function of organizing performed by the counselor.

Organizing

The counselor engages in the organization and development of community resources. The counselor mobilizes resources of agencies such as the State employment service, training agencies, private employment agencies, and employers within the community for the employment of his rehabilitated clients. The counselor also organizes the work of his subordinates such as secretaries, counselor aides, and counselor trainees. On the average, the respondents from Region Seven indicated that they devote nearly one-fifth (19%) of their typical work week to organizing activities such as coordination of professional services, participating in community activities, and contacting employers and training agencies.

A counselor engages in organizing and developing resources necessary for the rehabilitation of handicapped people of differing disabilities in his community. A single agency--whether it be public or private--cannot meet by itself the varying rehabilitation needs of all disabled people in the community. In order to reasonably meet these needs, the concerted efforts and resources of a state rehabilitation agency, other related public agencies, private agencies, and the community are required.

The counselor engages in organization and development of community resources and in coordination of the resources of other related agencies to achieve the objective of the combined efforts towards the rehabilitation of the disabled

in the community. The counselor is engaged in organizing such rehabilitation programs as work-study programs for the mentally retarded, work incentive programs, Model Cities, rehabilitation programs under the Manpower Development Training Act, and facilities and workshops. He is also called upon to function as a consultant to other agencies and groups in his community.

Assistance to the community in developing the understanding of a common purpose and the pooling of resources and services for the rehabilitation of his clients is given by the counselor. He maximizes the state agency's efforts in the rehabilitation of handicapped people by generating community resources.

The counselor familiarizes himself with other programs and agencies which are active in his territory and develops a satisfactory working relationship with them. He develops working relationships with programs and agencies such as Crippled Children's Services, public health programs, Workmen's Compensation programs, special education, Economic Opportunity Act programs, National Association for the Retarded Children, United Cerebral Palsy Association, Employment Service, and Social Security Administration.

The counselor also engages in coordination of private rehabilitation programs with the programs of his state agency. Of the thirty-four interviewees, twenty-four stated that they engage in such coordination efforts. Nine

interviewees stated that they participate in planning efforts of private rehabilitation programs and said they work in a consultant capacity to private rehabilitation programs. (The total exceeds thirty-four as some interviewees gave responses in more than one category.)

The counselor takes an active part in community planning for services to individuals and groups. The counselor's main objective in organizing resources is to assist the community in the development of existing programs and the establishment of new programs to meet all of the rehabilitation needs in the community. The counselor assists the community in identifying the resources and the kinds of programs needed to meet the rehabilitation needs of the disabled in the area. The counselor also explains the state agency's programs, services, and policies to community groups.

Responses from the questionnaire survey indicate that seven out of ten respondents participate in community action organization and community planning activities. Most often the counselors' participation in the community organizational activities is either initiated by the counselors themselves (among three out of five respondents) or by the community (also, among three out of five respondents.) Only one out of four said that the state agency's central office initiated their involvement in community organizational activities. (The total exceeds 100% due to multiple responses.)

The counselor develops community resources to expand and improve vocational rehabilitation programs in his territory by public appearances and by private contacts within the community. Nine out of ten respondents stated they use private contacts to generate resources within the community. Two-thirds of the respondents use public appearances in the community service organizations such as veterans groups, Chamber of Commerce, Lions, Rotary. Nine out of ten respondents stated that they participate in public relations activities to promote vocational rehabilitation programs. The counselor engages in public relations activities to promote acceptance of rehabilitation programs and its needs by the community, to develop employer acceptance of the handicapped people, and to maintain access to the communications media.

The counselor organizes resources for the employment of his clients. Nearly all respondents stated that they use resources such as state employment agencies, employers within the community, and training agencies to place their clients in employment. Only one out of four respondents indicated that they use private employment agencies to place their clients.

The counselor also organizes the work of his office personnel such as secretaries, counselor aides, and counselor trainees. The counselor structures the work of the office secretary in terms of handling routine correspondence,

maintenance of records and files, reports to district and state office staff and, in the counselor's absence, to respond to routine inquiries of clients.

The counselor organizes the work of the counselor aides and counselor trainees to do three tasks: to conduct initial interviews of the clients; to gather and process case information; and to assist the counselor in the mechanics of referral, placement and follow-up.²

The writer concludes from the above discussion that the counselor in Region Seven performs the managerial function of organizing by identifying, planning, and developing resources to generate rehabilitation services for his clients in the community. He also coordinates the efforts of public and private agencies such as the Employment Service, Social Security Administration, public welfare, Crippled Children's Services, and United Cerebral Palsy Association with the efforts of his state agency. The counselor organizes the work of his subordinates for the functioning of his field office and rehabilitation programs. The following discussion will relate to the managerial function of staffing performed by the counselors.

Staffing

Staffing as a managerial function performed by the vocational rehabilitation counselor is unique in nature.

²McGowan and Porter, *Ibid.*, p. 154.

One of the major responsibilities of the counselor in the rehabilitation process is in the area of case finding. This function of staffing performed by the counselor is unique in that he recruits people whom he can serve as opposed to recruiting people who assist the counselor in performing his job duties and as employees of the organization. Koontz and O'Donnell state that

. . .only the front line supervisors among all managers, do not select subordinate managers, for by definition, they compose the first link between enterprise management and the non-managers who work for them--the work force.³

In terms of this definition, counselors are the "front line" managers. Counselors engage in recruiting clients as a part of state rehabilitation agencies. The case finding or the recruiting of clients is the initial phase of the rehabilitation process.

The client is viewed as a member of the state agency. He becomes a member of the state agency by contributing his efforts, and interests towards his own rehabilitation. This contribution of the client leads to the attainment of the state agency's objective of rehabilitation of disabled people. In his landmark contribution, *The Functions of an Executive*, Barnard increases the scope of what constitutes a "member" of the organization. He states that:

³Koontz and O'Donnell, *Op. Cit.*, p. 442.

For convenience and purposes of simplification, however, I have usually restricted the deviation of organization forces to the persons who would ordinarily be called "members," "communicants," "employees," etc. But I have been unable even here to completely restrict myself to this convenience. The actions which are evidence of organization forces include all actions of contribution and receipt of energies, so that a customer making a purchase, a supplier furnishing supplies, an investor furnishing capital, are also contributors. What they contribute is not material but the transaction, the transfer, the control of things, or action upon physical things themselves. Thus, usually, the only organization action of an investor is often a simple one of the transfer of money or of credit which he owns or controls. It is so important that an organization agrees to make reciprocal transfers of control of money or credit from time to time."

The client is compensated by the state agency for his contribution in terms of rehabilitation services such as medical services, training, prosthetics and counseling service. The client in exchange for these rehabilitation services agrees to accept supervision and to abide by the policies and procedures of the state agency. In this sense, the client becomes the member of the state agency, and the counselor is engaged in recruiting an essential member of the state agency.

The counselor has a very limited responsibility in the recruiting of para-professional personnel such as secretaries, counselor aides, and counselor trainees. The

"Barnard, Chester I. *The Functions of an Executive* (Cambridge, Mass.: Harvard University Press, 1938), p. 76-77.

counselor's function in the recruitment of these persons is limited to giving his recommendations. The employment function as such is centralized in all agencies in Region Seven.

The decision by the handicapped people to participate in the rehabilitation program of the state agency is the function of benefits they perceive from obtaining rehabilitation services. These perceptions, in turn, may have been influenced by the efforts of vocational rehabilitation agencies and counselors to explain to the community at large the benefits of the agency's program. When the handicapped persons apply for the rehabilitation services, they show their willingness to accept policies and procedures of the state agencies required of clients. The clients also must meet the eligibility criteria set by the state agency.

The state agency's objective is to provide rehabilitation services to all eligible residents within the state. The counselor in pursuing this objective develops a program of case finding.

Respondents have indicated that on the average more than one-fourth of their typical work week is allocated to case-finding activities. The case-finding activities are contacting sources of referrals, referrals, and intake of referrals.

In the case-finding program, counselors develop referral channels from all potential sources. Some typical referral sources are hospitals, rehabilitation centers,

health agencies, physicians, welfare agencies, educational institutions, and state employment services. The counselor maintains periodic contacts with these referral sources to assure a continuing flow of cases from all potential community resources.

Nine out of ten respondents indicated that they contact their existing sources of referrals periodically. The frequency of contact stated by the respondents varies from "as needed" to once a month. The following table shows the frequency with which the respondents contact their existing sources of referrals.

TABLE 6
FREQUENCY OF RESPONDENTS' CONTACT WITH
EXISTING SOURCES OF REFERRALS

<u>Frequency</u>	<u>Percent of Respondents</u>
Once a week	34
Once every two weeks	15
Once a month	16
Other ("as needed")	27
No response	9
	<hr/>
	101*

*Total percent exceeds 100% due to rounding.

The counselor engages in a public relations program to provide a better understanding of the rehabilitation programs to the community. The public relations program contributes to the development of new sources of referrals.

Nine out of ten respondents have indicated that they engage in public relations activities.

The counselor also has the responsibility of determining the eligibility of the referrals to participate in the state agency's rehabilitation programs. Nine out of ten respondents have indicated that the authority to determine the eligibility of the referrals is delegated to them by the state agency. The earlier discussion on the rehabilitation process has explained the process of evaluation and eligibility determination of the referrals.

From the above discussion the writer concludes that the counselor in Region Seven performs the managerial function of staffing. The counselor performs the function of staffing primarily through his efforts in locating handicapped people in his community and recruiting them as clients on his case-load. The succeeding discussion will describe the managerial function of directing performed by the counselors.

Directing

One of the objectives of the vocational rehabilitation counselor is to attain realistic and permanent vocational adjustment of his clients. In order to attain this objective, the counselor provides direction to his clients to carry out a plan of vocational rehabilitation to each person who is referred. The counselor explains the over-all agency objectives, the rehabilitation services available to clients,

the agency's expectations, and limitations of the agency. This information is provided to the referrals so that they can better understand the agency's objectives and how the agency can assist them in meeting their vocational rehabilitation needs. The counselor on the average devotes fifteen percent of his typical work week to the managerial function of directing.

Nearly nine out of ten respondents indicated that they explain overall agency objectives to the referrals. More than half of the respondents from the Texas general agency, and four out of ten respondents from other agencies explain to referrals total services available from state agencies.

The counselor also discusses with referrals the agency's expectations of clients. The most important expectation that the agency has of the client is that by rendering vocational rehabilitation services, the client will be engaged in gainful occupation. Another expectation of the agency of their clients is that they will accept and follow state agency policies, procedures, and standards. Eight out of ten respondents indicated that they explain to referrals the agency's expectations of clients. The counselor also explains to referrals the conditions under which the individuals qualify to receive rehabilitation services from the agency. Over three-fourths (77%) of the respondents from state agencies other than the Louisiana general agency (where the figure is 66% of the respondents) indicated that they explain to the

referrals the limitations of the agency in providing rehabilitation services to the clients.

The counselor explains the resources available for his rehabilitation as well as the responsibilities of the client, the counselor, and the agency so that the client will pursue his vocational rehabilitation plan with interest and understanding. The following responses were obtained from the respondents to the question, "Do you give the client the following types of direction so that he will pursue the vocational plan?"

TABLE 7

TYPES OF DIRECTIONS GIVEN TO THE CLIENT BY THE COUNSELORS	Percent of Respondents who checked "yes"
Explain what resources will be needed to achieve his vocational objective	94
Explain the client's responsibility	97
Explain your responsibility as a counselor	90
Explain what the agency as a whole will do	88

The counselor also provides direction to his subordinates' work by interpreting agency policies and by setting objectives to be achieved by them. Over three-fourths of the respondents indicated that they interpret the agency's policies to their subordinates. Only four out of ten respondents from the agencies other than the Texas general agency stated that they set objectives to be achieved by

their subordinates; from the Texas General Agency, over half of the respondents stated that they set objectives for their subordinates.

Thus, the counselor engages in performing the managerial function of directing by giving guidance to his clients to achieve their vocational objectives, by interpreting agency policies and by setting objectives to be achieved by his subordinates. Attention will now be focused on the managerial function of controlling as performed by the counselors in Region Seven.

Controlling

The managerial functions of controlling and planning are closely related. Fayol clearly states that

In an undertaking control consists in verifying whether everything occurs in conformity with the plan adopted, the instructions issued, and principles established. It has for object to point out weaknesses and errors in order to rectify them and prevent recurrence. ⁵It operates on everything, things, people, actions.

The existence of goals and plans are implied in the concept of control. The counselor uses such control tools as caseload masterlists, statements of financial expenditures, performance evaluation and supervision of subordinates in caseload management and field office management.

The vocational rehabilitation counselor uses controls in four areas of his activities: the movement of clients through various steps of rehabilitation

⁵Henri Fayol, *General and Industrial Management*, Op. Cit., p. 107.

process, the fiscal operations of his caseload, the performance of his subordinates, and office operations. A counselor on the average spends eighteen percent of his typical work week on control activities such as records management and evaluating professional reports. The activities of records management and evaluation of professional reports involve evaluating the progress reports on a client's rehabilitation program and updating the caseload masterlist, preparation of a statement of financial expenditure on each client and reports to district and state offices on operations of the field office.

A counselor controls the activity of intake of clients on his caseload. The standards for determining the eligibility of referrals to receive rehabilitation services are specified by the Public Law 89-333 and were discussed in the explanation of the rehabilitation process.

The counselor first collects all pertinent information such as medical, psychological, social, vocational, educational, cultural, and environmental, to evaluate the referral's eligibility to receive rehabilitation services. The counselor accepts as clients only those referrals who meet eligibility standards. To this extent the counselor exercises control in the process of selection of clients for his caseload. Nearly all respondents have indicated that they do have the authority to determine the eligibility of the referrals.

In the management of his caseload, the counselor attempts to achieve balance in the services provided to the clients and to the various disability classifications. The counselor attempts to maintain this balance by maintaining some minimum and maximum number of clients in each code classification of the rehabilitation process. The counselor must also show that his caseload consists of adequate numbers of clients of different types of disabilities.

In order to manage his caseload in this framework, the counselor uses a "caseload masterlist" as a control device to give balance to his caseload. Eight out of ten respondents in Region Seven indicated that they use caseload masterlists in managing their caseloads.

The caseload masterlist is used as a control device by the counselor to reflect the unusual concentration of clients in any given status of the rehabilitation process. Such a concentration of clients in a given status brings to the counselor's attention the need to focus his efforts and to plan his work so as to advance at least some of those clients in the rehabilitation process. This caseload masterlist also brings to his attention an unusual concentration of clients with a particular disability. This prompts the counselor to recruit clients with other disabilities to balance his caseload. Thirty interviewees stated that they use caseload masterlists as a control tool in the management of their caseloads.

The counselor exercises control over the progress of his clients in rehabilitation programs. Nineteen out of thirty-four counselors interviewed stated that they follow closely the progress of their clients in training by obtaining information from training agencies.

If the client's progress shows some deviations from his rehabilitation plan, such as failure to complete certain training, irregular attendance for medical or psychological therapy and loss of interest in declared rehabilitation objective, the counselor takes corrective action by giving additional counseling service. This additional counseling service may bring the client back on his initial rehabilitation plan. This additional counseling may also show the counselor how the rehabilitation plan should be revised to take account of any changes in the client's objectives or a fuller understanding of his needs and capabilities or to adapt the plan to substantial changes in the client's objectives, or this additional counseling service may bring the client back on his initial rehabilitation plan.

It appears that in this context, the counselor practices the "principle of navigational change"⁶ as

⁶Koontz and O'Donnell, *Op. Cit.*, p. 224.

proposed by Koontz and O'Donnell. The counselor designs a flexible vocational rehabilitation plan for his client so that the counselor can change the client's rehabilitation plan without undue cost if the present course of the client's rehabilitation seems unwise.

Very few counselors (only eleven percent of the respondents in Region Seven) prepare a financial budget as a control tool in the fiscal management of their caseload. Over one-third (thirty-seven percent) of the respondents from state agencies other than the Texas General agency prepare statements of expenditures of funds for caseload management. Nearly two-thirds of the respondents from the Texas general Agency stated that they prepare such a statement of expenditures of funds for caseload management.

A counselor prepares this statement of expenditures of funds for each client on his caseload rather than an overall statement of expenditures of funds on his total caseload. The counselor prepares this statement of expenditures on each client so that he will not spend funds beyond what are allocated to each client's rehabilitation plan.

Nineteen interviewees stated that they prepare financial statements of their expenditures of funds on each client for caseload management. Of these nineteen interviewees, nine stated that they prepare financial statements to determine their current financial situation so that they will not overspend their fiscal allocations. Eight interviewees

stated that they prepare financial statements of expenditures for use in future budget planning. Two interviewees indicated that they use financial statements of expenditures for reporting and accounting purposes.

Koontz and O'Donnell consider a manager's evaluation of his subordinates' performance as a part of the managerial function of control.⁷ The counselor also engages in a kind of performance evaluation of his subordinates. Nearly half of the respondents to the questionnaire survey indicated that they set objectives to be achieved by their subordinates. Two-thirds of all the respondents in Region Seven stated that they specifically meet with their subordinates for the appraisal of achievement of their objectives. This evaluation of the subordinates' performance is closely analogous to the counselor's review of his clients' rehabilitation plans to detect any deviations therefrom.

During interviews with thirty-four selected counselors, the researcher found that twenty interviewees use "successful completion of delegated work" as a standard for evaluating the performance of their subordinates; seven interviewees use "quality and quantity of work" as a standard; and nine interviewees use "efficiency" as a standard of performance evaluation. (The total exceeds thirty-four due to multiple responses given by interviewees.)

⁷Koontz and O'Donnell, *Ibid.*, pp. 640-641.

The counselor also engages in controlling the office work such as recording, reporting, and scheduling of clients to see if it is proceeding according to his plan. Of the thirty-four interviewees, nine interviewees stated that they review the work delegated to their subordinates to see that the office work is proceeding according to their plans. Two interviewees stated that they did not have set procedures to control office operations.

When the interviewed counselors were asked "What corrective measures do you take if your field office work is not proceeding according to plan?", the responses could be summarized as follows:

TABLE 8
MEASURES TAKEN BY INTERVIEWEES
TO CONTROL OFFICE OPERATIONS

<u>Corrective Measures Taken By Interviewees</u>	<u>Number of Interviewees</u>
Administrative counseling	9
Better coordination	3
Expedite the work as it comes	3
Spend more time on administrative work	3
Secretary makes a list of work to be done by me	2
Determine the problem and attempt to solve it	5
On the spot correction	3
Train and develop subordinates	4
Delegate authority to senior secretary	1
Work overtime	1

From the above table, one can see that the interviewees take a wide variety of measures to correct deviation in the planned office work.

From the above discussion, the writer concludes that the counselor does perform the managerial function of controlling. To maintain a flow of clients through the rehabilitation process, the counselor uses a caseload masterlist as a control tool. The caseload masterlist makes it possible for the counselor to review the status of each client in the rehabilitation process and also to examine the diversification of disabilities represented on his caseload.

The counselor evaluates the progress of each client in the rehabilitation process. If the progress of the client shows deviation from his rehabilitation plan, the counselor takes such corrective measures as giving additional counseling and if necessary re-evaluating the client's vocational rehabilitation goals. The client's rehabilitation plan may be amended by the counselor to accommodate to a change in the client's rehabilitation goal.

In fiscal operations, the counselor exercises control to the extent that he prepares a financial statement of expenditures on each client. The purpose of preparing such a financial statement is to avoid overspending the funds allocated in each client's rehabilitation plan. Very few counselors engage in preparing overall budgets for the controlling of caseload funds.

The counselor does engage in evaluating the performance of his subordinates. He uses the management concept of "management by objectives and appraisal by results" in

performance evaluation of his subordinates.

In answer to the question raised earlier in this chapter, the counselor performs in some degree each of the managerial functions of planning, organizing, staffing, directing, and controlling. Planning for the client's rehabilitation services is the major part of the counselor's total planning activity. The counselor also plans for the size of his caseload, number of successfully rehabilitated clients, his own work activities and the work activities of his subordinates.

The counselor organizes the resources of the community for the rehabilitation of his clients. He also coordinates the rehabilitation programs of his agency with the related programs of private and public agencies. The counselor organizes the work of his subordinates by planning their work and assigning them to carry out the planned work activities.

The main responsibility in the area of staffing of the counselor lies in recruiting clients to maintain his caseload. The counselor's responsibility in the recruiting of his subordinates is limited to giving his recommendations. The recruitment and selection of these para-professionals is centralized in the state agency.

The counselor directs and supervises the programs of rehabilitation of his clients. The counselor directs the work of his subordinates by setting objectives for them to

achieve and by providing assistance to his subordinates in interpretation of the agency's policies and procedures to guide their work activities.

The counselor performs the managerial function of controlling by regulating the flow of clients through the rehabilitation process. He also exercises fiscal controls on the expenditures for the client's rehabilitation services. The counselor engages in evaluating the performance of his subordinates in light of their planned objectives and the objectives of the field office.

Having examined the managerial functions performed by the counselor, the writer will turn now to the second question raised in this study.

How do the agency, in general, and the immediate supervisor, in particular, assist the counselor in performing the managerial functions?

In the following discussion, the policies of the agency related to the counselor that allow him to function in a managerial capacity will be examined. The supervisory assistance rendered to the counselor which helps him to function as a manager will also be discussed.

One way in which an agency may assist the counselors to function as managers is to adopt policies which allow the counselors to exercise their own initiative and judgment in their field office operations.

Nearly all respondents have indicated that the agency has delegated to them the authority to determine the client's eligibility. This policy permits the counselors to do their staffing as far as clients are concerned but they have no authority to hire their secretarial and para-professional personnel. The hiring of these employees is centralized in the state agencies.

Nearly all the respondents have stated that they have the authority to design the client's vocational rehabilitation plan. Nine out of ten respondents have also indicated that the agency has given them the authority to participate in community action organizations on behalf of the agency.

State agencies appear to give the authority to allocate funds for caseload management to few counselors. Most counselors, with the exception of senior counselors, must obtain approval of their supervisors before they can allocate funds for a client's rehabilitation services. Nearly half of the respondents from the Arkansas general agency indicated that they have the authority to allocate funds for case services for their clients. From all other state agencies, only three out of ten respondents indicated that they have similar authority. Seven out of ten respondents from the Arkansas general agency stated that they have the authority to determine their caseload size. Nearly half the respondents (47%) from state agencies except the Arkansas general agency stated that they have the authority to determine their

caseload size. It appears that the Arkansas general agency gives authority for allocation of funds for case services and determination of caseload size to more counselors.

Supervisors assist counselors in performing the managerial functions of planning, organizing, staffing, directing, and controlling. The supervisor also assists counselors in counseling of difficult cases and in the counselor's own training and development.

The supervisor assists counselors in carrying out the planning function: eight out of ten respondents stated that their supervisors assist them in establishing goals to be achieved during the year. Over half the respondents stated that they and their supervisors jointly determine the goals to be achieved during the next evaluation period.

The supervisor assists counselors in increasing the effectiveness of the rehabilitation programs by helping them perform the managerial function of organizing. Nine out of ten counselors indicated that they receive this kind of assistance. The supervisor assists counselors in performing the managerial function of organizing by helping them develop good inter-agency relationships, coordinate available agency resources, and develop community resources. This maintenance of good inter-agency relationships helps the counselor in obtaining

resources from related agencies such as Employment Services, Department of Public Welfare, and Social Security Administration to rehabilitate his clients. Nearly nine out of ten respondents indicated that their supervisors assist them in developing good inter-agency relationships.

The supervisor assists the counselors in performing the function of organizing by helping them coordinate available resources of agencies such as workshops, rehabilitation centers, and specialists in rehabilitation. Nearly nine out of ten respondents (85%) from Region Seven stated that their supervisors assist them in coordinating available agency resources; and nearly three-fourths (72%) of the respondents indicated that their supervisors assist them in developing additional community resources.

The supervisor assists the counselor in performing the managerial function of staffing by engaging in public relations activities which generate sources of referrals for his counselors. The supervisor's own public relations efforts assist his counselors in recruiting clients in rehabilitation programs and thus the supervisor aids his counselors in performing staffing functions.

The supervisor assists counselors in performing the managerial function of directing by helping them interpret agency policies and procedures to their subordinates. Nearly

all respondents indicated that their supervisors assist them in this way.

The supervisor assists counselors in performing the managerial function of control by helping them in managing case records and case services funds. Six out of ten respondents from Region Seven stated that their supervisors assist them in management of their case records. Six out of ten respondents from state agencies other than Louisiana general agency stated that their supervisors assist them in managing case services funds; in Louisiana only three out of ten respondents indicated that their supervisors help them in this way.

The supervisor assists in the training and development of the counselors themselves. Eight out of ten respondents indicated that their supervisors help them in keeping abreast of new developments in the field of rehabilitation counseling by encouraging them to participate in training programs conducted within the state agency, universities, and rehabilitation research and training centers in the United States. Nine out of ten respondents stated that their supervisors assist them in the counseling of difficult cases by providing consultation. This consultation given by supervisors in difficult cases becomes a learning experience for the counselors.

Supervisory personnel in state agencies appear to practice a "management by objectives and appraisal by results" technique of performance evaluation of counselors. Nine out of ten respondents indicated that their supervisors communicate to them the results of their performance evaluation, and eight out of ten respondents indicated that their supervisors assist them in improving in areas of weakness by giving advice, assistance, and training. Seven out of ten respondents indicated that their supervisors assist them in establishing a program of self-evaluation.

In answer to the second question, the assistance given by the state agency and the supervisor to the counselor in functioning as a manager will be briefly reviewed. Agency policies give considerable autonomy to the counselors in the management of their caseloads and their field offices. The agency gives autonomy to a counselor by delegating to him the authority for a client's eligibility determination, developing a client's rehabilitation plan, participating in community organizations to develop resources and for coordinating the rehabilitation efforts of the agency with the efforts of other related private and public agencies.

The supervisor assists his counselors to function as managers by helping them in planning for the improvement of the effectiveness of the agency's rehabilitation programs

and in planning for goals to be achieved by the counselors. He assists his counselors in the coordination of available agency resources and the resources of other agencies. The public relations activities of the supervisor assist his counselors in the development of resources within the community for vocational rehabilitation and encourage handicapped people to participate in the rehabilitation programs of the agency. The supervisor renders assistance to his counselors in the interpretation of the agency's policies and procedures to their subordinates and clients and in the management of case records and case services funds. He assists his counselors in improving their professional competence by constructive evaluation of their performance and by encouraging them to participate in training programs sponsored by the agency as well as institutions outside the agency.

Having described earlier the extent and manner of the counselor's activities as a manager, and the assistance which both the agency policies and the supervisor give to the counselor in performing the managerial functions, the third question raised in this study will be discussed:

Does the counselor view his role, presently or potentially, as being managerial in nature?

In the following discussion, the data will be presented relating to the counselor's perception of his role and the criteria the counselor believes should be used in evaluating his performance for a promotion to a supervisory position.

The counselor's perception of his role in his present position was elicited by this question:

Which of these statements most nearly describes your job as you see it? (If at all possible, check either 1 or 2.)

- _____ 1. My job is to locate vocationally handicapped individuals in my territory and, if they are eligible for the services offered by my agency, to determine their vocational potential, and to help them achieve their vocational objective and become gainful members of society.
- _____ 2. My job is to coordinate available resources of the agency and the community that can be offered to vocationally handicapped individuals and to develop resources via planning, organizing, and directing--within the agency and within the community--toward the vocational rehabilitation of handicapped individuals.
- _____ 3. If you cannot state that one of these alternatives most nearly describes your job, please write, in detail, your own job description.

The first statement was intended to summarize the "traditional" (or counseling) viewpoint of the counselor's job. The second statement was intended to summarize the "emerging" (or managerial) viewpoint of the counselor's job. Responses to the third alternative were tabulated as leaning toward either statement one or two.

Fifty-one percent of the respondents checked the first statement and thirty-six percent checked the second statement. Eleven percent of the respondents wrote their own descriptions: the description of three percent of these eleven percent of the respondents leaned toward statement one and the descriptions of eight percent of these eleven percent of the respondents leaned toward statement two. A very small number (two percent) of the respondents did not answer this question.

We shall give samples of respondents' statements to illustrate the description of their job as leaning toward statement one or statement two. The following statements were classified as leaning toward statement one, reflecting a counseling point of view.

Being in a state hospital, I do not have to locate clients. Aside from this, statement number 1 describes my work with the addition of counseling both in the hospital and after the client leaves the hospital. We make community contacts, but spend far more time in contact with clients.

.....
My job is to evaluate clients referred by the Department of Public Welfare for physical and/or mental disabilities; eliminate these disabilities to the greatest extent possible after medical diagnosis; evaluate vocational aptitudes and interests within clients' disability limitations;

train around these limitations in accordance with client's selected vocational objective after counseling; place client in employment following training; and follow-up employment until success is considered reasonably assured.

The next two statements illustrate respondents' descriptions of their job as leaning towards statement two, reflecting a managerial point of view.

My job is number 1, but it is also my responsibility to gradually direct the thinking of the community into the need of utilization of handicapped individuals into community businesses for betterment of the community and for profit. If the community is large enough consideration should be given to initiating thoughts into the minds of the community leaders or special groups towards a sheltered workshop or similar enterprise for those unable to compete in the labor market.

.
I feel that number 2 describes the situation, but my job should be a counselor rather than a coordinator of services.

A majority of the respondents (fifty-four percent) view their role in the counselor position from the counseling point of view. This could be due to the emphasis placed on counseling in their educational training programs and the almost total absence of managerial training in those programs. The earlier discussion on training of rehabilitation counselors in Chapter 2 shows that the programs of graduate education in rehabilitation counseling give little or no exposure to the students of preparing for the position of rehabilitation counselor to the managerial skills and caseload management in the framework of total rehabilitation system. Sussman and Haug emphatically make this point in a recent publication:

It would seem empirically that counselors would be challenged in terms of modifying their roles so that they could be effective mediators and facilitators of the rehabilitation process. It appears, rather, that most training schools have not caught up with the realities of social issues and problems which confront the society. The managerial expertise necessary for working within a broader perspective of cause and effect has not penetrated the training systems sufficiently and the counselor has missed the challenge and importance of the new situations, in his traditional focus on seeing an individual patient reach maximum benefits under a program of placement in productive employment.⁸

This same lack of emphasis on managerial aspects in rehabilitation counselor training is found in the programs and literature of the major professional organizations in the rehabilitation field such as the National Rehabilitation Association and the American Rehabilitation Counseling Association. This is not unexpected since the membership of these organizations is composed overwhelmingly of counselors (or former counselors) who completed the same kind of training. Thus, it comes as no real surprise that a majority of the respondents would view their role in the counselor position from the counseling point of view.

On the other hand, more than the anticipated number of respondents (44%) reflected that their role in the counselor position was seen from the managerial point of view. Dr. Harold Viaille, Director of the Regional Rehabilitation Research Institute and former

⁸Sussman, Marvin B. and Marie R. Haug, *From Student to Practitioner: Professionalization and De-Professionalization in Rehabilitation Counseling*, Working Paper #7 (Cleveland, Ohio: Department of Sociology, Case Western Reserve University, 1970), p. 35.

Program Development Officer of the Oklahoma Rehabilitation Agency, said he did not anticipate such a large number of respondents to view their role in the rehabilitation counselor position to be of a managerial nature.⁹

The data presented in the earlier pages of this chapter show that the counselor does perform the managerial functions of planning, organizing, staffing, directing, and controlling. Moreover, the state agency's expectations for the role of the counselor position are of a managerial nature.

As discussed earlier, a substantial number of respondents (44%) have indicated an awareness of the managerial aspects of their counselor job. Potentially, in the future one can reasonably expect that the counselor position will become even more managerial in nature. In earlier periods, the counselor had only his secretary through whom he could get work done. Today state agencies in Region Seven have introduced counselor aides to assist the counselor in his caseload management. A recent publication titled *Principles and Practices for Effective First-Line Supervision in Rehabilitation Counseling* contains this prediction:

Although the use of support personnel is a relatively recent development, it is anticipated that more and more counselors each year will find their roles being redefined so that their primary functions will be case supervision and consultation for several "aides," counseling with more difficult cases and consultation to other agencies.¹⁰

⁹Personal Interview, July 10, 1970.

¹⁰Institute on Rehabilitation Services, *Principles and Practices for Effective First-Line Supervision in Rehabilitation Counseling*, 1970, p. 59.

The state agencies in Arkansas and Texas have introduced support personnel such as interviewers, rehabilitation technicians, administrative assistants as subordinates to the counselors. The counselors in these agencies manage their caseloads through the use of these support personnel and thus function in a managerial capacity.

Nearly all respondents to the questionnaire survey stated that they believe managerial skills are essential for the counselor to be promoted to a supervisory position. Nine out of ten respondents stated they believe the resource development ability is also essential for a promotion to a supervisory position.

On the other hand, the respondents have indicated that the agency places emphasis on a number of successful closures as a criterion for evaluating the performance of the counselors. More than eight out of ten (84%) respondents indicated that they believe number of closures is the primary criterion used by the agency in their performance evaluation. More than half the respondents indicated that their attendance in training programs is also used by the agency as a standard for evaluating their performance. Nearly eight out of ten (78%) respondents felt their ability to maintain good interpersonal relationships with their supervisors is also used as a criterion for evaluating their performance.

By placing heavy emphasis on the number of successful closures as a standard for evaluating the counselor's

performance, the agency expects the counselor to use his managerial ability in his caseload management within the framework of available resources. In the respondents' opinion the agency views a counselor's success in terms of the number of cases he can close as successfully rehabilitated. Moreover, the agency views such a successful counselor as a prime candidate for a promotion to a supervisory position.

In the hierarchy of the agency organization structure in Region Seven, the position of the supervisor is the one level above the counselor position. It is the general policy within the state agencies in Region Seven to promote counselors to the position of supervisor. The agency recognizes the need for managerial skills in a counselor for his promotion to the position of supervisor. At the same time, the counselor is cognizant of developing managerial skills in anticipation of a promotion. Thus, the counselor views himself in a potential role of a manager.

Briefly reviewing the above discussion, one can see that, due to heavy emphasis on rehabilitation counseling theory and techniques in graduate training programs for rehabilitation counselors and the emphasis placed by organizations such as the National Rehabilitation Association and the American Rehabilitation Counseling Association towards the professionalization of rehabilitation counseling, a majority of the respondents (54%) view their present role in the counselor position from the counseling point of view. However, a rather substantial number of respondents (44%) view their

role in the counselor position to be of a managerial nature. One can conclude that the counselor in Region Seven is beginning to be aware of the managerial role in his present position as a counselor.

Due to organizational promotional criteria, the introduction of para-professional personnel and the resulting re-definition of the counselor job, the counselor in Region Seven does recognize the need for acquiring managerial skills. In current time, the counselor in two large agencies, Arkansas and Texas, is responsible for the management of his caseload through the supervision of counselor aides such as interviewers, rehabilitation technicians, and administrative assistants. It is believed that this practice of the use of counselor aides will gain even wider acceptance in state agencies in Region Seven in the near future.

The current literature in vocational rehabilitation is reflecting the role conflict of a rehabilitation counselor. Muthard and Salomone state that

Today's RC (rehabilitation counselor) appears to experience a substantial amount of role strain. His supervisors, administrators and other professional rehabilitation workers all hold greater expectations (managerial in nature) for him in performance of most tasks and duties.¹¹

The counselor himself views his role potentially as a manager in his expectation to become a supervisor in the

¹¹Muthard, J. E., and P. R. Salomone, "The Roles and Functions of the Rehabilitation Counselor," *Rehabilitation Counseling Bulletin*, Vol. 13, No. 1 (October, 1969), p. 140.

state agency organization. Thus, the researcher concludes that the counselors in Region Seven are becoming aware of the managerial nature of their role and potentially view their role to be managerial in nature.

The major findings of this research have now been presented. In the final chapter these will be summarized and some of their implications will be presented.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The Smith-Fess Act of 1920 marks the beginning of a joint federal-state program of vocational rehabilitation for the disabled civilians in the United States. This landmark legislation is known as the Civilian Vocational Rehabilitation Act.

Subsequent amendments to this Act and further legislation relating to vocational rehabilitation broadened the coverage by enlarging the concept of what constitutes a disability, increasing the scope of federal financial support and by extending the permissible uses of these federal funds. The major changes in these three aspects occurred in Public Law 113 of 1954, Public Law 565 of 1954, and Public Law 333 of 1965.

Initially under the Smith-Fess Act, the definition of the disability was limited to a "physical defect or infirmity." The allocation of federal funds was made to the states on the basis of population and expenditures were authorized on a 50:50 basis. These funds were to be used only for vocational guidance, training, occupation adjustment, prosthetics, and placement services.

Public Law 113 of 1943 increased the scope of the definition of disability by deleting the word "physical." This new definition of disability made people with mental illness and handicaps eligible for rehabilitation services for the first time. Under this law, all expenses for vocational rehabilitation of disabled veterans were assumed by the Federal Government. For the civilian disabled, the federal government would finance half the expenses of rehabilitation if the state government would bear the remaining half of the expenses. The federal government undertook the financing of the entire expense of administration including the guidance and placement services. The use of these funds could be made to render any services necessary for the vocational rehabilitation of a disabled person. The result was that for the first time, a disabled person could obtain medical, surgical, and other physical restoration services.

Public Law 565 of 1954 provided for an increased rate of financial participation by the federal government, determined on the basis of the state's population and its per capita income. This provision resulted in increased federal financial support for states with relatively larger population and relatively small per capita income. This Act provided funds for the first time to permit the states to conduct research, demonstration projects, training, and to establish rehabilitation facilities and workshops.

Public Law 333 of 1965 further broadened the definition of disability to include the existence of any substantial handicap to employment as a criterion for receiving rehabilitation services. People who are culturally or socially deprived or emotionally disturbed became eligible under this Act for vocational rehabilitation services. This Act increased the amounts of federal funds available to states by establishing an uniform matching ratio of three federal dollars to each state dollar for all states. It provided funds for innovation projects in the area of vocational rehabilitation, the expansion of rehabilitation services to disabled people, and the improvement and expansion of sheltered workshops. This Act also authorized funds for construction of new rehabilitation centers and workshops.

The consequence of these statutory changes has been a significant growth, both in the size and complexity, of the state and federal agencies which administer vocational rehabilitation programs. Since 1954, the federal agency has supported research, demonstration and training programs to assist rehabilitation personnel solve rehabilitation problems. Initially these funds were channeled mainly to investigations of various types of disabilities, evaluation and training techniques, client-counselor relationships and kindred topics. More recently, increasing support has been given to the organizational and administrative problems of sheltered workshops and the state agencies themselves. The Regional

Rehabilitation Research Institutes are established in each of the nine regions of the Social and Rehabilitation Service agency of the federal government.

In Region Seven (comprising the five southwestern states of Arkansas, Louisiana, New Mexico, Oklahoma, and Texas), the research institute was established in August, 1966, and assigned the "administration and management in the state rehabilitation agencies" as its core area of research. This present research was conducted under the auspices of that institute.

From the viewpoint of a handicapped person who seeks and/or receives help from a rehabilitation agency, the counselor is the most important individual in the agency. Indeed, he personifies the agency. (In some important ways the counselor-client relationship may be analogous to the foreman-employment relationship in the business enterprises.)

On the basis of one or more interviews with the applicant and the data obtained from other sources, the counselor determines the applicant's eligibility to receive rehabilitation services. If the applicant is declared eligible, then the counselor plans for him a combination and sequence of rehabilitation services. The ultimate objective of a rehabilitation plan is to prepare the client for suitable employment. The designing and carrying out of a client's rehabilitation plan may extend over months (or years) and may involve many counseling sessions between

the counselor and the client. The counselor may have to coordinate the efforts of many other persons such as physicians, therapists, trainers, and social workers for the rehabilitation of his client.

From the viewpoint of the counselor himself (or others in the agency and in the field of rehabilitation counseling in general), the counselor's job may be considered primarily as that of a person who engages in a face-to-face contact with clients, one at a time, in a counseling relationship. This has been the most commonly held view; it is the "traditional view."

However, as the statutory changes enlarged the concept of what constitutes a disability and the variety of required rehabilitation resources necessarily increased, many have come to view the role of the counselor more as a manager. This is the "emerging view" of the counselor's role in a rehabilitation setting.

Using concepts widely accepted in business administration, a manager is defined as one who plans, organizes, staffs, directs, and controls the use of the resources toward the attainment of organizational goals. This study sought to analyze the managerial aspects of the vocational rehabilitation counselor's position in Region Seven. In Oklahoma all vocational rehabilitation services are provided through a single agency; in each of the other four states, an agency serving the blind is separate from the general agency serving all other types of disabilities.

Eight of the nine rehabilitation agencies in Region Seven participated in this study. (The agency for the blind in Louisiana did not choose to participate in the study.) Most of the data were obtained via questionnaires which were distributed to all 629 counselors in these eight agencies. The responses were received from 428 counselors (a return of 68%). Additional information was obtained through interviews with thirty-four of the counselors who had returned the questionnaire.

The responses of the counselors associated with the agencies for the blind were found to be not significantly different from the responses of the counselors associated with the general agencies. Moreover, because the respondent sample in four of the agencies was small (ranging from three to twenty-one), the responses of only the four largest agencies were compared with the total regional response and with each other for any significant differences. Surprisingly the number of significantly different responses was few; and they have been noted specially whenever they appear.

This study sought the answers to four basic questions. The questions and their answers are given on the pages which follow, together with the briefest summary of the data which support the answers. The first question raised in this study was as follows:

In what ways, if any, does a counselor perform these managerial functions: planning, organizing, staffing, directing, and controlling? How important a part

of his total job is each of the foregoing functions?

Planning

Planning involves the identification of reasonable ends and the selection of the most appropriate means to achieve these ends. This managerial function is closely related to controlling, since the plans become the standards by which progress and attainment are measured. The planning and controlling activities each constitute approximately eighteen percent of a counselor's typical work week.

Specifically, the counselor plans his own work and he plans the work of his secretaries and any para-professionals he may have. He plans his own work in terms of the size of his caseload for the year and his field work itineraries. The length of time for which the counselor plans his field work varies from a week to a month; this time span seems to depend partly upon the size of the territory he serves. He plans the work of his subordinates in terms of objectives to be achieved by them and he assigns their work.

However, most of the counselor's planning relates to his clients. He fashions a written vocational rehabilitation plan consisting of a combination and a sequence of rehabilitation services for each of his clients. The aim of the rehabilitation plan is to provide services to the client such that he will become prepared for suitable employment. The counselor maintains a caseload masterlist to show the current

status of his total caseload and of each client with respect to the client's rehabilitation plan.

Organizing

Organizing activities may comprise nineteen percent of a counselor's typical work week. Obviously, the counselor must devote some time to organizing the work of his office so that it will function as an effective unit. However, the overwhelming part of his organizing effort pertains to persons and facilities outside of his office and even outside his agency. He seeks to bring the resources of the community to bear on the needs of his clients. He finds individuals and organizations who have the necessary expertise to alleviate the clients' disabilities or to make them employable. In all states and most cities a multiplicity of organizations, both public and private, exist to aid disabled and disadvantaged persons. Through both public appearances and private contacts, the counselors of Region Seven seek to promote the acceptance of rehabilitation programs, to encourage the establishment of new services when needed, and the strengthening of existing services, and to increase the employment of handicapped persons.

Staffing

A counselor recruits clients who can be viewed as members of the organization. However, staffing of this type is unique in the sense that the counselor recruits disabled people whom the agency can serve as contrasted with the

foreman who recruits people who can serve the organization. By accepting the agency's policies, procedures, and rehabilitation services leading towards his rehabilitation, the client does assist the agency in meeting its objective of rehabilitating disabled people. Nevertheless, the main purpose of a client's association with the agency is the client's betterment. Thus, the client is an essential member of the agency.

In pursuance of this objective, the counselor develops a program of casefinding, to which he devotes approximately one-fourth of his typical workweek. He develops referral channels from all potential sources such as hospitals, physicians, ministers, health and welfare agencies, and educational institutions. He maintains contacts with these sources to assure a continuing flow of referrals. The agency delegates to counselors the authority to determine whether a referral is eligible to participate in the agency's rehabilitation program.

The selection of secretaries or any para-professional employees is typically handled at central office of the state agency. In the recruitment and selection of these personnel the counselor (and his supervisor) usually are limited to giving their recommendations.

Directing

The counselor directs the programs of rehabilitation of his clients and the work of his subordinates. The main directing activity of the counselor is supervising his clients through a plan of rehabilitation. The counselor devotes

approximately one-sixth of his typical work week to contacting his clients. He explains the agency's objectives and policies to the clients; he indicates what resources will be needed for their rehabilitation; and he tells their responsibilities to the agency and to the counselor in particular and what responsibilities the agency has toward them.

The counselor directs the work of his subordinates by setting the objectives to be achieved by them. He assists his subordinates in performing their work by helping them interpret agency policies and procedures.

Controlling

Since the major planning effort of the counselor is in relation to the client, the major part of the control activity is also aimed at the client's rehabilitation progress.

The counselor devotes approximately one-fifth of his typical work week to the managerial function of controlling.

The counselor regulates the movement of his clients through the rehabilitation process, chiefly by the use of a caseload masterlist. He corrects the client's deviations from his planned course of rehabilitation by giving additional counseling and, if necessary, after additional counseling, he may redesign the client's rehabilitation plan.

The counselor uses a caseload masterlist to plan and control the composition of his caseload. He uses the caseload masterlist to review the representation of various

types of disabilities on his caseload. An unusual concentration of a particular type of disability prompts the counselor to recruit clients with other types of disabilities in order to achieve a more balanced caseload.

The counselor reviews the performance of his subordinates by using such criteria as successful completion of delegated work, quality and quantity of work and "efficiency."

Two-thirds of the respondents from the Texas general agency indicated that they prepare statements of financial expenditures for rehabilitation services on each client. Less than forty percent of the respondents from other agencies prepare such a financial statement of expenditures. The counselor uses this financial statement to exercise control over the budgeted funds for the rehabilitation services in a client's rehabilitation plan.

The conclusion can be made that the vocational rehabilitation counselors in Region Seven do, indeed, carry out the managerial functions of planning, organizing, staffing, directing, and controlling.

The second basic question the researcher sought to answer was this:

How do the agency, in general, and the immediate supervisor, in particular, assist the counselor in performing the managerial function?

The agency assists the counselor by formulating policies and delegating authority which permit him to exercise his

own initiative and judgment in the operation of his field office. The agency's policies are such as to provide freedom to the counselor to participate in other organizations for the planning and development of community resources. The agency delegates to the counselor the authority to make decisions regarding the eligibility of the applicant and, if he is accepted, to design his rehabilitation plan.

Of course the policies will vary from agency to agency, and the amount of authority which is delegated will vary not only from agency to agency but also, very likely, from counselor to counselor. Nevertheless, any implementation of a philosophy of decentralization is a real aid to encouraging a counselor to function like a manager.

Perhaps the most important indicator of a counselor's control of his field office is his authority to determine each year the size of his caseload and to allocate funds for each client's rehabilitation services. Seven out of ten respondents from the Arkansas general agency indicated that they have been given the authority to determine their caseload size and nearly half the respondents from all other agencies indicated they have similar authority.

Nearly half of the respondents from the Arkansas general agency stated that they have the authority to allocate funds for rehabilitation services of their clients. From all other agencies, three out of ten respondents indicated they had such an authority.

The immediate supervisors assist the counselors to function as a manager in a variety of ways. They help the counselors in improving the effectiveness of the rehabilitation programs, coordinating available agency resources, interpreting agencies policies and procedures and in managing case records and case services funds.

It may be a question of whether the supervisor really helps the counselor function as a manager or whether the intended "help" actually restricts the counselor's initiative and supercedes his judgment. Unfortunately, the data give no indication of this. It should also be noted that there exists the possibility of wide variation between agencies and within an agency which are not revealed by the data.

It can be concluded that a proper general statement of the relationships in Region Seven is that both the agency and the supervisors do, indeed, attempt to create an organizational environment such that a counselor can function as a manager.

The third basic question of this study sought the counselor's viewpoint on their job:

Does the counselor view his role, presently or potentially, as being managerial in nature?

The respondents to the questionnaires were asked to check one of the two statements describing their job. The first statement reflected the "traditional view" of the counselor; the second statement reflected the "emerging view," a managerial view in their role as a counselor; if neither

of the two statements met their concept of the counselor's role, they were given the opportunity to set forth their own statement.

Even though a majority (54 percent) of the respondents saw themselves in a "traditional view" of the role of the counselor, a substantial number (44 percent) of the respondents viewed themselves as managers. This is, indeed, illuminating and to some degree surprising since the educators and professional organizations in the field of rehabilitation counseling do stress the "traditional view" of the role of the rehabilitation counselor. The current literature in the field of rehabilitation administration, especially, that which is related to the use of "counselor aides" is describing the role of the rehabilitation counselor as a more of a manager than a counselor.

The counselor's aspiration is to become a supervisor and the channel of his promotion is in the managerial ranks of the agency. Nearly all respondents indicated that their performance should be evaluated in terms of their managerial abilities.

Thus, it is concluded that this question must be answered affirmatively that the counselor does view his role, presently and potentially, as being managerial in nature.

Finally, the fourth question addressed by this researcher was:

Do these findings have any implications for those who select, train, and direct vocational rehabilitation counselors?

The implications of the findings of this study for those who select, train, and direct vocational rehabilitation counselors are three-fold as follows:

(1) The leadership of each agency within Region Seven should become aware of the managerial aspects of the rehabilitation counselor position and the need for recruiting rehabilitation counselor candidates with managerial skills.

(2) Directors of the formal rehabilitation counselor training programs and in-service training should become aware of the managerial aspects of the rehabilitation counselor's position in agencies in Region Seven, and recognize the need to modify their curriculum to meet the current needs of this changing job.

(3) Supervisory personnel of the rehabilitation counselors in Region Seven should become cognizant of managerial content of the counselor's work and should be aware of tensions resulting from the changing role of the counselor.

Recommendations

It is recognized that any recommendations must necessarily be tentative and limited because their implementation depends upon the resources, willingness, and flexibility of the state agencies and the educational institutions offering the rehabilitation counselor training programs. For the consideration of the management of state agencies in Region Seven and educators in the field of rehabilitation counseling, it is recommended:

(1) that each agency develop and add to its current criteria for the selection of the rehabilitation counselors those criteria which will help identify rehabilitation counselor applicants with managerial potential. Criteria used by industry and business for selection of middle managers may prove to be useful in development of these additional criteria for the selection of the rehabilitation counselors.

(2) that educational institutions offering graduate programs in rehabilitation counseling and in-service training programs for counselors incorporate in their present curricula instruction on management concepts and techniques relating to such topics as budget planning, supervision, delegation, communications, and control.

(3) that supervisors of the rehabilitation counselors be encouraged and be given more opportunity to attend management training seminars to acquire managerial skills to supervise the managerial aspects of the counselor's work and to assist the counselors in adjusting to managerial aspects of their position.

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APPENDICES

APPENDIX I

QUESTIONNAIRE WITH REGIONAL DATA

1. Please give the proportion of time spent in planning each of the following activities (based on 100% total planning time).

Caseload activities	55.0%
Office procedures	13.0
Public relations activities	8.0
Counselor training activities	4.0
Administrative work	9.0
Professional growth activities	5.0
Others (please specify):	
Meetings, traveling, follow-up activity	3.0
Total planning time	100.0%

2. What is the length of time for which you plan your work activity?

Day by day	9.0%
For one week	42.0
For two weeks	23.0
For one month	15.0
No response	11.0

3. Do you record these plans? Yes 75.% No 25.0%
4. Are these plans reviewed by your superior? Yes 56.0% No 44.0%

5. How often do you contact your existing sources of referrals?

Once a week	34.0%
Once every two weeks	15.0
Once a month	16.0
Other (please specify):	
As needed	27.0
No response	9.0

6. At the beginning of the fiscal year, do you predict the total number of clients you will serve during that fiscal year?

Yes 70.0% No 30.0%

7. If yes, do you predict the size of your caseload on the basis of:

Past records?	Yes 86.0%	No 14.0%
Number of disabled in your territory?	Yes 34.0%	No 64.0%
Information from referral sources?	Yes 50.0%	No 50.0%
Other basis? (please specify):		

8. At the beginning of the fiscal year do you predict the number of successful closures for that fiscal year?

Yes 66.0% No 34.0%

9. Are these predictions used?

To request adequate funds?	Yes 64.0%	No 36.0%
To request adequate staff?	Yes 46.0%	No 54.0%
For other purposes? (please specify):		

10. How often do you receive your allocation of funds for management of your caseload?

Funds not allocated	20.0%
Quarterly	7.0
Semi-annually	15.0

Annually	46.0%
Other (please specify):	5.0
No response	7.0

11. At the beginning of the fiscal year do you prepare a financial budget (allocating funds into categories such as tuition, transportation of clients, medical expenses, etc.) for management of your caseload? Yes 11.0% No 89.0%

12. If yes, how do you use this budget?

To avoid excessive expenditures in any one category Yes 40.0% No 60.0%

As an indicator for financial needs for the coming fiscal year Yes 74.0% No 36.0%

13. Do you participate in community action organizations or community planning activities? Yes 69.0% No 31.0%

14. If yes, in what capacity? _____

15. Is this participation usually:

Initiated by you? Yes 59.0% No 41.0%

Initiated by the community? Yes 61.0% No 39.0%

Initiated by the central office? Yes 25.0% No 75.0%

16. How do you develop community resources to expand and improve vocational rehabilitation programs?

Public appearances Yes 66.0% No 34.0%

Private contacts Yes 90.0% No 10.0%

Other (please specify):

17. How often do you engage in public relations activities for promoting vocational rehabilitation programs?

Daily	26.0%
At least once a week	22.0
Once or twice a month	22.0
Several times a year	24.0
No response	6.0

18. Do you use resources other than vocational rehabilitation in the placement of your clients? Yes 98.0% No 2.0%

19. If yes, what resources do you use in placing your clients?

State employment service	Yes	93.0%	No	7.0%
Private contacts	Yes	96.0%	No	4.0%
Private employment agencies	Yes	25.0%	No	75.0%
Training agency	Yes	89.0%	No	11.0%
Other (please specify):				

20. What percentage of time during a typical work week is allocated to the following activities?

Intake	10.0%
Development of rehabilitation plan for clients	15.0
Coordination of professional services	6.0
Contacting sources of referrals	6.0
Contacting referrals	8.0
Community activities	3.0
Contacting clients	15.0
Records management	12.0
In-service training for yourself	2.0

In-service training for counselor trainees	1.0%
Staff meetings	3.0
Contacting employers	5.0
Contacting training agencies	5.0
Evaluation of professional reports (e.g., medical, psychological, I.Q.)	6.0
Other (please specify): Travelling, administrative duties, telephone, testing, research	3.0

21. Do you have authority to make decisions in the following areas:

Determination of client's eligibility	Yes 97.0%	No 3.0%
Design of client's vocational rehabilitation plan	Yes 98.0%	No 2.0%
Allocation of funds for caseload management	Yes 38.0%	No 62.0%
Participation in community action organizations	Yes 89.0%	No 11.0%
Determination of your caseload size	Yes 51.0%	No 49.0%
Other (please specify):		

22. Do agency policies permit you to exercise initiative and judgment
in your field operations?

Completely	37.0%
To a considerable degree	58.0
To some degree	4.0
Very little	0.0
Not at all	0.0
No response	1.0

23. Are there any policies that you would like to see changed to permit you greater freedom to exercise initiative and judgment in your field operations? Yes 18.0% No 82.0%

24. If yes, please state which policies you would like to see changed.

25. Does your supervisor help you in performing your duties by:

Providing consultation in conseling of difficult cases? Yes 93.0% No 7.0%

Assisting in increasing program effectiveness? Yes 90.0% No 10.0%

Assisting in locating your strengths and weaknesses and seeking mutual solutions for your effective growth? Yes 83.0% No 17.0%

Assisting you in establishing a program of self-evaluation? Yes 72.0% No 28.0%

Assisting in management of your case records? Yes 70.0% No 30.0%

Assisting in management of your case services allotment? Yes 63.0% No 37.0%

Assisting in developing good interagency relationships? Yes 87.0% No 13.0%

Assisting in coordinating available agency resources? Yes 85.0% No 15.0%

Assisting in arranging in-service training for you and your staff? Yes 90.0% No 10.0%

Assisting in developing community resources? Yes 72.0% No 28.0%

Assisting in interpreting agency policies and procedures? Yes 98.0% No 2.0%

Assisting in establishing goals to be achieved by you during the year? Yes 83.0% No 17.0%

Assisting in keeping you abreast of new developments in the field of rehabilitation counseling? Yes 83.0% No 17.0%

26. Do you explain the following policies and procedures of the vocational rehabilitation agency to clients at first contact?

Overall agency objective	Yes	87.0%	No	13.0%
Explanation of total services available	Yes	44.0%	No	56.0%
Explanation of services related to client needs as seen at that time	Yes	93.0%	No	7.0%
Explanation of agency expectation of client	Yes	83.0%	No	17.0%
Limitations of agency	Yes	76.0%	No	24.0%
Other matters (please specify):				

27. Do you give the client the following types of direction so that he will pursue the vocational plan?

Explain what resources will be needed to achieve his vocational objective	Yes	94.0%	No	6.0%
Explain the client's responsibility	Yes	97.0%	No	3.0%
Explain your responsibility as a counselor	Yes	90.0%	No	10.0%
Explain what the agency as a whole will do	Yes	88.0%	No	12.0%
Other (please specify):				

28. How often do you hold conferences with your staff (secretaries, counselor aides, counselor trainees)?

Once a day	26.0%
Once a week	26.0
Once a month	10.0
Other (please specify):	
As needed, twice a week, daily, once a week	28.0
No response	10.0

29. Does the content of these staff conferences include:

Interpreting agency policies? Yes 77.0% No 23.0%

Planning work schedules? Yes 75.0% No 25.0%

Reviewing caseload status? Yes 61.0% No 39.0%

Other matters? (please specify):

30. What types of reports do you receive from the central office that are especially helpful to you in managing your caseload?

31. What types of reports do you receive from the central office that are not helpful to you in managing your caseload?

32. What types of reports are you required to provide the central office that you believe are not useful to the central office?

33. Do you use the caseload master list as a means of managing your caseload? Yes 82.0% No 18.0%

34. Do you prepare financial statements of your expenditures of funds for caseload management? Yes 50.0% No 50.0%

35. Do you set objectives to be achieved by your staff (secretaries, counselor aides, counselor trainees)? Yes 48.0% No 52.0%

36. If yes, are these objectives set:

Individually with each person? Yes 50.0% No 50.0%

Collectively for the group? Yes 11.0% No 89.0%

Both? Yes 39.0% No 61.0%

37. If yes, for what time period are these objectives set?

Monthly basis	Yes	60.0%	No	40.0%
Quarterly basis	Yes	4.0%	No	96.0%
Semi-annual basis	Yes	3.0%	No	97.0%
Annual basis	Yes	24.0%	No	76.0%
Other (please specify):				

38. How often do you meet specifically for appraisal of achievement of objectives by your staff (secretaries, counselor aides, counselor trainees)?

Once a week	21.0%
Once a month	21.0
Once every six months	8.0
Other (please specify):	
As needed, quarterly, annually	18.0
No response	32.0

39. Are the following criteria used in evaluating your own performance?

Number of closures	Yes	84.0%	No	16.0%
Training programs attended	Yes	53.0%	No	47.0%
Additional academic training	Yes	46.0%	No	54.0%
Good supervisor-counselor relationship	Yes	78.0%	No	22.0%
Other (please specify):				

40. In your opinion, should the following criteria be used in choosing a counselor to be promoted to a supervisory position?

Managerial skills	Yes	97.0%	No	3.0%
Counseling skills	Yes	91.0%	No	9.0%
Resource development ability	Yes	94.0%	No	6.0%
Number of successful closures	Yes	40.0%	No	60.0%
Other (please specify):				

41. Does your supervisor communicate to you his evaluation of your performance? Yes 91.0% No 9.0%

42. Does your supervisor help you improve the areas in which your performance evaluation showed weakness? Yes 80.0% No 20.0%

43. How does he help you improve in these weak areas?

44. Do you and your supervisor jointly determine the goals to be achieved during the next evaluation period? Yes 52.0% No 48.0%

45. Which of these statements most nearly describes your job as you see it? (If at all possible, check either 1 or 2.)

51.0% My job is to locate vocationally handicapped individuals in my territory and, if they are eligible for the services offered by my agency, to determine their vocational potential and help them achieve their vocational objective and become gainful members of society.

36.0% My job is to coordinate available resources of the agency and the community that can be offered to vocationally handicapped individuals and to develop resources via planning, organizing, and directing efforts--within the agency and within the community--toward the vocational rehabilitation of handicapped individuals.

3.0% Leaning towards Statement #1

8.0% Leaning towards Statement #2

2.0% No response

APPENDIX II

COUNSELOR QUESTIONNAIRE SURVEY DATA

BY INDIVIDUAL STATE AGENCY

Explanation of Abbreviations

Ark-B - Arkansas Blind Agency

Ark-G - Arkansas General Agency

La-G - Louisiana General Agency

NM-B - New Mexico Blind Agency

NM-G - New Mexico General Agency

Okla-B - Oklahoma Counselors working with visually handicapped clients

Okla-G - Oklahoma General Agency

Tex-B - Texas Blind Agency

Tex-G - Texas General Agency

*--Questions 1, 20, 21, 22, 23, 24, 25, 30, 31, 32, 39, 40, 41, 42, 43, and 44 were a part of two related studies mentioned in Chapter 1.

*
Question #1. Please give the proportion of time spent in planning each of the following activities
(based on 100% total planning time).

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Caseload activities	57.0	54.0	52.0	40.0	64.0	53.0	55.0	55.0	56.0
Office procedures	18.0	15.0	10.0	18.0	7.0	23.0	12.0	17.0	13.0
Public relations activities	7.0	8.0	8.0	5.0	5.0	7.0	8.0	6.0	8.0
Counselor training activities	5.0	5.0	3.0	1.0	2.0	0.0	4.0	4.0	4.0
Administrative work	4.0	10.0	8.0	4.0	9.0	6.0	8.0	6.0	9.0
Professional growth activities	7.0	5.0	4.0	4.0	3.0	5.0	4.0	5.0	5.0
Others (meetings, travel- ling, follow-up)	2.0	1.0	5.0	3.0	1.0	6.0	3.0	3.0	1.0

Question #2. What is the length of time for which you plan your work activity?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Day-by-day	0.0	14.0	3.0	33.0	9.0	33.0	6.0	5.0	10.0
For one week	0.0	25.0	78.0	0.0	18.0	67.0	68.0	0.0	35.0
For two weeks	0.0	5.0	13.0	33.0	18.0	0.0	6.0	38.0	37.0
For one month	100.0	40.0	0.0	33.0	36.0	0.0	10.0	43.0	6.0
No response	0.0	16.0	6.0	0.0	18.0	0.0	11.0	14.0	11.0

Question #3. Do you record these plans?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Yes	80.0	55.0	97.0	100.0	36.0	67.0	86.0	95.0	76.0
No	20.0	45.0	3.0	0.0	64.0	33.0	14.0	5.0	24.0

Question #4. Are these plans reviewed by your superior?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Yes	60.0	34.0	97.0	67.0	36.0	67.0	68.0	86.0	53.0
No	40.0	66.0	3.0	33.0	64.0	33.0	32.0	14.0	47.0

Question #5. How often do you contact your existing sources of referrals?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Once a week	0.0	42.0	28.0	33.0	17.0	0.0	37.0	5.0	34.0
Once every two weeks	40.0	16.0	0.0	0.0	18.0	67.0	12.0	10.0	17.0
Once a month	40.0	10.0	31.0	67.0	18.0	33.0	12.0	38.0	13.0
Other (twice yearly, once a year, twice weekly, as needed, daily)	20.0	24.0	28.0	0.0	9.0	0.0	31.0	43.0	27.0
No response	0.0	8.0	13.0	0.0	27.0	0.0	7.0	5.0	10.0

18

Question #6. At the beginning of the fiscal year, do you predict the total number of clients you will serve during that fiscal year?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Yes	60.0	49.0	72.0	50.0	45.0	67.0	62.0	62.0	84.0
No	40.0	51.0	28.0	50.0	55.0	33.0	38.0	38.0	16.0

Question #7. If yes (in response to question 6), do you predict the size of your caseload on the basis of:

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Past records?	Yes	33.0	98.0	87.0	100.0	80.0	100.0	87.0	85.0	82.0
	No	67.0	2.0	13.0	0.0	20.0	0.0	13.0	15.0	18.0
Number of disabled in your territory?	Yes	100.0	26.0	43.0	100.0	40.0	50.0	33.0	23.0	32.0
	No	0.0	74.0	57.0	0.0	60.0	50.0	67.0	77.0	68.0
Information from referral sources	Yes	100.0	40.0	43.0	100.0	40.0	0.0	38.0	62.0	55.0
	No	0.0	60.0	57.0	0.0	60.0	100.0	62.0	38.0	45.0
Other		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

18

Question #8. At the beginning of the fiscal year do you predict the number of successful closures for that fiscal year?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Yes	60.0	60.0	81.0	50.0	82.0	100.0	70.0	52.0	66.0
No	40.0	40.0	19.0	50.0	18.0	0.0	30.0	48.0	34.0

Question #9. Are these predictions used:

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
To request adequate funds	Yes	66.0	68.0	77.0	33.0	27.0	67.0	74.0	36.0	60.0
	No	34.0	32.0	23.0	67.0	73.0	33.0	26.0	64.0	40.0
To request adequate staff	Yes	100.0	20.0	42.0	33.0	36.0	0.0	38.0	24.0	61.0
	No	0.0	80.0	58.0	67.0	64.0	100.0	62.0	76.0	39.0
Other		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Question #10. How often do you receive your allocation of funds for management of your caseload?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Funds not allocated	20.0	1.0	38.0	0.0	64.0	0.0	3.0	48.0	27.0
Quarterly	0.0	4.0	0.0	0.0	9.0	33.0	36.0	0.0	0.0
Semi-annually	0.0	71.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0
Annually	80.0	19.0	31.0	100.0	18.0	33.0	33.0	43.0	66.0
Other	0.0	2.0	13.0	0.0	0.0	33.0	17.0	10.0	1.0
No response	0.0	2.0	13.0	0.0	9.0	0.0	8.0	0.0	6.0

Question #11. At the beginning of the fiscal year do you prepare a financial budget (allocating funds into categories such as tuition, transportation of clients, medical expenses, etc.) for management of your caseload?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Yes	0.0	18.0	0.0	0.0	9.0	0.0	18.0	0.0	10.0
No	100.0	82.0	100.0	100.0	91.0	100.0	82.0	100.0	90.0

Question #12. If yes (in response to question #11), how do you use this budget?

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
To avoid excessive expenditures in any one category	Yes	0.0	60.0	0.0	0.0	0.0	0.0	46.0	0.0	22.0
	No	100.0	40.0	100.0	100.0	100.0	100.0	54.0	100.0	78.0
As an indicator for financial needs for the coming fiscal year	Yes	0.0	67.0	0.0	0.0	0.0	0.0	69.0	0.0	89.0
	No	100.0	33.0	100.0	100.0	100.0	100.0	31.0	100.0	11.0
Other		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Question #13. Do you participate in community action organizations or community planning activities?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Yes	80.0	73.0	66.0	67.0	100.0	0.0	50.0	95.0	72.0
No	20.0	27.0	34.0	33.0	0.0	100.0	50.0	5.0	28.0

Question #14. If yes (in response to question 13), in what capacity?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Board member	20.0	6.0	3.0	0.0	91.0	0.0	3.0	5.0	5.0
Committee member	40.0	29.0	31.0	50.0	55.0	0.0	15.0	52.0	29.0
Resource person	20.0	31.0	6.0	0.0	18.0	0.0	11.0	24.0	26.0
Community planning committee	0.0	01.0	0.0	0.0	0.0	0.0	0.0	10.0	1.0
Public relations	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0
Interagency cooperation	0.0	1.0	0.0	0.0	0.0	0.0	4.0	0.0	2.0
No response	20.0	33.0	60.0	50.0	18.0	100.0	64.0	9.0	37.0

Question #15. Is this participation usually:

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Initiated by you?	Yes	80.0	37.0	44.0	67.0	54.0	0.0	33.0	43.0	43.0
	No	20.0	63.0	56.0	33.0	46.0	100.0	67.0	57.0	57.0
Initiated by the community?	Yes	0.0	53.0	41.0	33.0	73.0	0.0	29.0	43.0	42.0
	No	100.0	47.0	59.0	67.0	27.0	100.0	71.0	57.0	58.0
Initiated by the central office?	Yes	20.0	19.0	9.0	0.0	0.0	0.0	4.0	43.0	21.0
	No	80.0	81.0	91.0	100.0	100.0	100.0	96.0	57.0	79.0

Question #16. How do you develop community resources to expand and improve vocational rehabilitation programs?

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Public appearances	Yes	100.0	71.0	63.0	100.0	64.0	0.0	57.0	71.0	67.0
	No	0.0	29.0	37.0	0.0	36.0	100.0	43.0	29.0	33.0
Private contacts	Yes	100.0	93.0	94.0	100.0	82.0	100.0	87.0	100.0	89.0
	No	0.0	7.0	6.0	0.0	18.0	0.0	13.0	0.0	11.0
Other		40.0	4.0	13.0	0.0	18.0	0.0	4.0	14.0	4.0
No response to other		60.0	96.0	87.0	100.0	82.0	100.0	96.0	86.0	96.0

Question #17. How often do you engage in public relations activities for promoting vocational rehabilitation programs?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Daily	0.0	22.0	25.0	0.0	9.0	0.0	32.0	10.0	31.0
At least once a week	40.0	22.0	34.0	33.0	9.0	0.0	21.0	24.0	20.0
Once or twice a month	20.0	30.0	9.0	0.0	27.0	67.0	12.0	29.0	24.0
Several times a year	20.0	22.0	25.0	67.0	27.0	33.0	28.0	33.0	20.0
No response	20.0	4.0	7.0	0.0	28.0	0.0	7.0	4.0	5.0

Question #18. Do you use resources other than vocational rehabilitation in the placement of your clients?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Yes	100.0	100.0	97.0	100.0	91.0	100.0	100.0	100.0	95.0
No	0.0	0.0	3.0	0.0	9.0	0.0	0.0	0.0	5.0

Question #19. If yes (in response to question 18), what resources do you use in placing your clients?

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
State employ- ment service	Yes	100.0	93.0	100.0	100.0	90.0	100.0	94.0	91.0	91.0
	No	0.0	7.0	0.0	0.0	10.0	0.0	6.0	9.0	9.0
Private contacts	Yes	80.0	99.0	97.0	100.0	100.0	100.0	96.0	95.0	95.0
	No	20.0	1.0	3.0	0.0	0.0	0.0	4.0	5.0	5.0
Private employment agencies	Yes	20.0	21.0	13.0	67.0	40.0	0.0	40.0	38.0	20.0
	No	80.0	79.0	87.0	33.0	60.0	100.0	60.0	62.0	80.0
Training agency	Yes	100.0	87.0	94.0	100.0	90.0	100.0	93.0	95.0	87.0
	No	0.0	13.0	6.0	0.0	10.0	0.0	7.0	5.0	13.0
Other		40.0	11.0	9.0	0.0	36.0	0.0	8.0	0.0	12.0
No response to "Other"		60.0	89.0	91.0	100.0	64.0	100.0	92.0	100.0	88.0

* Question #20. What percentage of time during a typical work week is allocated to the following activities?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Intake	5.0	13.0	11.0	7.0	16.0	8.0	11.0	9.0	8.0
Development of rehabilitation plan for clients	13.0	14.0	21.0	8.0	28.0	22.0	14.0	11.0	15.0
Coordination of professional services	25.0	6.0	5.0	5.0	3.0	4.0	7.0	5.0	6.0
Contacting sources of referrals	11.0	8.0	4.0	13.0	7.0	7.0	5.0	4.0	6.0
Contacting referrals	11.0	8.0	6.0	13.0	5.0	8.0	10.0	12.0	8.0
Community activities	3.0	3.0	3.0	4.0	2.0	0.0	2.0	2.0	3.0
Contacting clients	28.0	13.0	13.0	24.0	8.0	25.0	17.0	19.0	15.0
Records management	13.0	13.0	11.0	6.0	5.0	12.0	11.0	16.0	12.0
In-service training for yourself	2.0	3.0	2.0	2.0	2.0	2.0	3.0	2.0	2.0
In-service training for counselor trainees	0.0	1.0	1.0	0.0	2.0	0.0	1.0	1.0	1.0
Staff meetings	2.0	3.0	4.0	4.0	1.0	1.0	3.0	2.0	3.0
Contacting employers	3.0	4.0	8.0	5.0	6.0	4.0	4.0	4.0	6.0
Contacting training agencies	3.0	4.0	5.0	4.0	4.0	3.0	3.0	4.0	5.0
Evaluation of professional reports	3.0	6.0	5.0	5.0	3.0	5.0	6.0	6.0	5.0

*

Question #21. Do you have authority to make decisions in the following areas?

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Determination of client's eligibility	Yes	100.0	99.0	100.0	100.0	100.0	100.0	97.0	100.0	95.0
	No	0.0	1.0	0.0	0.0	0.0	0.0	3.0	0.0	5.0
Design of client's vocational rehabilitation plan	Yes	100.0	99.0	91.0	100.0	100.0	100.0	97.0	100.0	98.0
	No	0.0	1.0	9.0	0.0	0.0	0.0	3.0	0.0	2.0
Allocation of funds for caseload management	Yes	60.0	47.0	13.0	0.0	27.0	33.0	33.0	48.0	40.0
	No	40.0	53.0	87.0	100.0	73.0	67.0	67.0	52.0	60.0
Participation in community action organizations	Yes	100.0	94.0	81.0	67.0	100.0	100.0	79.0	95.0	90.0
	No	0.0	6.0	19.0	33.0	0.0	0.0	21.0	5.0	10.0
Determination of your caseload size	Yes	60.0	69.0	34.0	0.0	36.0	33.0	39.0	43.0	53.0
	No	40.0	31.0	66.0	100.0	64.0	67.0	61.0	57.0	47.0
Other		0.0	1.0	6.0	0.0	0.0	33.0	0.0	0.0	4.0
No response to "Other"		100.0	99.0	94.0	100.0	100.0	67.0	100.0	100.0	96.0

* Question #22. Do agency policies permit you to exercise initiative and judgment in your field operations?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Completely	0.0	47.0	44.0	33.0	27.0	33.0	35.0	43.0	33.0
To a considerable degree	100.0	51.0	47.0	33.0	64.0	67.0	61.0	57.0	60.0
To some degree	0.0	2.0	9.0	33.0	0.0	0.0	4.0	0.0	5.0
Very little	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
Not at all	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
No response	0.0	0.0	0.0	0.0	9.0	0.0	0.0	0.0	1.0

*Question #23. Are there any policies that you would like to see changes to permit you greater freedom to exercise initiative and judgment in your field operations?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Yes	0.0	5.0	6.0	0.0	50.0	0.0	19.0	24.0	23.0
No	100.0	95.0	94.0	100.0	50.0	100.0	81.0	76.0	77.0

* Question #24. If yes (in response to question 23), please state which policies you would like to see changed.

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Central decision making	0.0	1.0	0.0	0.0	18.0	0.0	7.0	14.0	10.0
Financial allocation procedure or limita- tion	0.0	2.0	0.0	0.0	9.0	0.0	1.0	0.0	2.0
Coordination and communication with Central Office or other agencies	0.0	0.0	0.0	0.0	18.0	33.0	1.0	0.0	1.0
Policies relating to client services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	2.0
Case recording and review	0.0	1.0	3.0	0.0	0.0	0.0	1.0	10.0	0.0
No response	100.0	96.0	97.0	100.0	55.0	67.0	90.0	71.0	85.0

*Question #25. Does your supervisor help you in performing your duties by:

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Providing consultation Yes		100.0	95.0	100.0	100.0	91.0	0.0	92.0	100.0	92.0
in counseling of										
difficult cases?	No	0.0	5.0	0.0	0.0	9.0	100.0	8.0	0.0	8.0
Assisting in increas- Yes		100.0	94.0	97.0	100.0	73.0	67.0	86.0	86.0	90.0
ing program effec-										
tiveness?	No	0.0	6.0	3.0	0.0	27.0	33.0	14.0	14.0	10.0
Assisting in locating Yes		100.0	86.0	91.0	100.0	36.0	67.0	83.0	86.0	83.0
your strengths and										
weaknesses and seek-										
ing mutual solutions										
for your effective										
growth?	No	0.0	14.0	9.0	0.0	64.0	33.0	17.0	14.0	17.0
Assisting you in Yes		100.0	76.0	81.0	67.0	50.0	33.0	71.0	67.0	71.0
establishing a pro-										
gram of self-										
evaluation?	No	0.0	24.0	19.0	33.0	50.0	67.0	29.0	33.0	29.0
Assisting in manage- Yes		100.0	67.0	69.0	67.0	56.0	33.0	71.0	71.0	73.0
ment of your case										
records?	No	0.0	33.0	31.0	33.0	44.0	67.0	29.0	29.0	27.0
Assisting in manage- Yes		60.0	74.0	34.0	33.0	18.0	0.0	65.0	43.0	69.0
ment of your case										
service allotment?	No	40.0	27.0	66.0	67.0	82.0	100.0	35.0	57.0	31.0
Assisting in develop- Yes		100.0	89.0	88.0	100.0	64.0	100.0	89.0	86.0	86.0
ing good interagency										
relationships?	No	0.0	11.0	12.0	0.0	36.0	0.0	11.0	14.0	14.0

Question #25 (continued)

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Assisting in coordi-	Yes	100.0	83.0	88.0	100.0	64.0	100.0	88.0	81.0	85.0
nating available	No	0.0	17.0	12.0	0.0	36.0	0.0	12.0	19.0	15.0
agency resources?										
Assisting in arrang-	Yes	100.0	93.0	81.0	100.0	64.0	67.0	85.0	95.0	93.0
ing in-service	No	0.0	7.0	19.0	0.0	36.0	33.0	15.0	5.0	7.0
training for you										
and your staff										
Assisting in develop-	Yes	100.0	69.0	72.0	100.0	55.0	67.0	69.0	52.0	76.0
ing community	No	0.0	31.0	28.0	0.0	45.0	33.0	31.0	48.0	24.0
resources?										
Assisting in inter-	Yes	100.0	100.0	100.0	100.0	82.0	100.0	99.0	95.0	98.0
preting agency	No	0.0	0.0	0.0	0.0	18.0	0.0	1.0	5.0	2.0
policies and pro-										
cedures?										
Assisting in	Yes	100.0	74.0	91.0	67.0	50.0	100.0	94.0	76.0	84.0
establishing goals	No	0.0	26.0	9.0	33.0	50.0	0.0	6.0	24.0	16.0
to be achieved by you										
during the year?										
Assisting in keep-	Yes	100.0	83.0	94.0	100.0	55.0	67.0	82.0	86.0	82.0
ing you abreast of	No	0.0	17.0	6.0	0.0	45.0	33.0	18.0	14.0	18.0
new developments in										
the field of reha-										
bilitation counsel-										
ing?										
Other		20.0	0.0	9.0	0.0	9.0	0.0	1.0	5.0	1.0
No response to "Other"		80.0	100.0	91.0	100.0	91.0	100.0	99.0	95.0	99.0

Question #26. Do you explain the following policies and procedures of the vocational rehabilitation agency to clients at first contact?

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Overall agency objective	Yes	80.0	88.0	94.0	0.0	82.0	67.0	88.0	86.0	88.0
	No	20.0	12.0	6.0	100.0	18.0	33.0	12.0	14.0	12.0
Explanation of total services available	Yes	20.0	29.0	34.0	23.0	73.0	0.0	42.0	38.0	53.0
	No	80.0	71.0	66.0	77.0	27.0	100.0	58.0	62.0	47.0
Explanation of services related to client needs as seen at that time	Yes	80.0	94.0	91.0	100.0	82.0	100.0	93.0	100.0	92.0
	No	20.0	6.0	9.0	0.0	18.0	0.0	7.0	0.0	8.0
Explanation of agency expectation of client	Yes	40.0	86.0	72.0	33.0	73.0	100.0	86.0	81.0	85.0
	No	60.0	14.0	28.0	67.0	27.0	0.0	14.0	19.0	15.0
Limitations of agency	Yes	60.0	78.0	66.0	33.0	64.0	33.0	76.0	81.0	78.0
	No	40.0	22.0	34.0	67.0	36.0	67.0	24.0	19.0	22.0
Other matters		0.0	2.0	6.0	0.0	18.0	0.0	0.0	0.0	3.0
No response to "Other"		100.0	98.0	94.0	100.0	82.0	100.0	100.0	100.0	97.0

Question #27. Do you give the client the following types of direction so that he will pursue the vocational plan?

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Explain what resources will be needed to achieve his vocational objective	Yes	100.0	93.0	94.0	100.0	91.0	100.0	99.0	86.0	94.0
	No	0.0	7.0	6.0	0.0	9.0	0.0	1.0	14.0	6.0
Explain the client's responsibility	Yes	100.0	98.0	97.0	100.0	91.0	100.0	99.0	90.0	97.0
	No	0.0	2.0	3.0	0.0	9.0	0.0	1.0	10.0	3.0
Explain your responsibility as a counselor	Yes	100.0	89.0	100.0	100.0	91.0	100.0	88.0	86.0	90.0
	No	0.0	11.0	0.0	0.0	9.0	0.0	12.0	14.0	10.0
Explain what the agency as a whole will do	Yes	80.0	88.0	91.0	100.0	82.0	100.0	90.0	86.0	87.0
	No	20.0	12.0	9.0	0.0	18.0	0.0	10.0	14.0	13.0
Other		0.0	0.0	3.0	0.0	0.0	0.0	1.0	10.0	2.0
No response to "Other"		100.0	100.0	97.0	100.0	100.0	100.0	99.0	90.0	98.0

Question #28. How often do you hold conferences with your staff (secretaries, counselor aides, counselor trainees).

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Once a day	0.0	23.0	25.0	0.0	27.0	0.0	22.0	5.0	31.0
Once a week	60.0	28.0	22.0	100.0	9.0	0.0	31.0	33.0	24.0
Once a month	0.0	8.0	9.0	0.0	18.0	0.0	14.0	14.0	8.0
Other	20.0	30.0	34.0	0.0	27.0	100.0	26.0	33.0	25.0
No response	20.0	11.0	9.0	0.0	18.0	0.0	7.0	14.0	12.0

Question #29. Does the content of these staff conferences include:

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Interpreting agency policies?	Yes	80.0	75.0	69.0	100.0	82.0	100.0	88.0	71.0	76.0
	No	20.0	25.0	31.0	0.0	18.0	0.0	12.0	29.0	24.0
Planning work schedules?	Yes	80.0	75.0	84.0	67.0	64.0	100.0	69.0	71.0	75.0
	No	20.0	25.0	16.0	33.0	36.0	0.0	31.0	29.0	25.0
Reviewing caseload status?	Yes	80.0	57.0	63.0	67.0	64.0	33.0	57.0	57.0	64.0
	No	20.0	43.0	37.0	33.0	36.0	67.0	43.0	43.0	36.0
Other matters?		0.0	8.0	16.0	0.0	18.0	0.0	11.0	10.0	10.0
No response to "Other"		100.0	92.0	84.0	100.0	82.0	100.0	89.0	90.0	90.0

*Question #30. What types of reports do you receive from the central office that are especially helpful to you in managing your caseload?

*Question #31. What types of reports do you receive from the central office that are not helpful to you in managing your caseload?

*Question #32. What types of reports are you required to provide the central office that you believe are not useful to the central office?

Question #33. Do you use the caseload master list as a means of managing your caseload?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Yes	100.0	94.0	66.0	100.0	82.0	100.0	74.0	100.0	80.0
No	0.0	6.0	34.0	0.0	18.0	0.0	26.0	0.0	20.0

Question #34. Do you prepare financial statements of your expenditures of funds for caseload management?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Yes	20.0	49.0	3.0	33.0	9.0	100.0	54.0	5.0	64.0
No	80.0	51.0	97.0	67.0	91.0	0.0	46.0	95.0	36.0

Question #35. Do you set objectives to be achieved by your staff (secretaries, counselor aides, counselor trainees)?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Yes	60.0	38.0	50.0	33.0	27.0	33.0	42.0	52.0	54.0
No	40.0	62.0	50.0	67.0	73.0	67.0	58.0	48.0	46.0

Question #36. If yes (in response to question #35), are these objectives set:

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Individually with each person?	Yes	66.0	41.0	88.0	0.0	67.0	0.0	40.0	36.0	52.0
	No	34.0	59.0	12.0	100.0	33.0	100.0	60.0	64.0	48.0
Collectively for the group?	Yes	0.0	22.0	6.0	100.0	0.0	0.0	10.0	9.0	8.0
	No	100.0	78.0	94.0	0.0	100.0	100.0	90.0	91.0	92.0
Both?	Yes	33.0	38.0	6.0	0.0	33.0	100.0	50.0	55.0	40.0
	No	67.0	62.0	94.0	100.0	67.0	0.0	50.0	45.0	60.0

Question #37. If yes (in response to question #35), for what time period are these objectives set?

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Monthly basis	Yes	100.0	66.0	50.0	0.0	66.0	100.0	77.0	55.0	55.0
	No	0.0	34.0	50.0	100.0	34.0	0.0	23.0	45.0	45.0
Quarterly basis	Yes	33.0	0.0	6.0	0.0	0.0	0.0	6.0	0.0	4.0
	No	67.0	100.0	94.0	100.0	100.0	100.0	94.0	100.0	96.0
Semi-annual basis	Yes	0.0	3.0	0.0	0.0	0.0	0.0	17.0	0.0	0.0
	No	100.0	97.0	100.0	100.0	100.0	100.0	83.0	100.0	100.0
Annual basis	Yes	0.0	16.0	38.0	100.0	34.0	0.0	27.0	0.0	26.0
	No	100.0	84.0	62.0	0.0	66.0	100.0	73.0	100.0	74.0
Other		20.0	10.0	9.0	0.0	9.0	0.0	4.0	24.0	14.0
No response to "Other"		80.0	90.0	91.0	100.0	91.0	100.0	96.0	76.0	86.0

Question #38. How often do you meet specifically for appraisal of achievement of objectives by your staff (secretaries, counselor aides, counselor trainees)?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Once a week	20.0	24.0	25.0	0.0	9.0	33.0	15.0	14.0	22.0
Once a month	40.0	17.0	28.0	0.0	27.0	33.0	24.0	33.0	18.0
Once every six months	0.0	5.0	6.0	33.0	9.0	0.0	15.0	9.0	8.0
Other	0.0	22.0	16.0	0.0	18.0	0.0	17.0	29.0	17.0
No response	40.0	33.0	25.0	67.0	36.0	33.0	29.0	24.0	35.0

* Question #39. Are the following criteria used in evaluating your own performance?

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Number of closures	Yes	80.0	83.0	94.0	100.0	64.0	100.0	89.0	86.0	82.0
	No	20.0	17.0	6.0	0.0	36.0	0.0	11.0	14.0	18.0
Training Programs Attended	Yes	40.0	63.0	72.0	67.0	36.0	33.0	49.0	43.0	49.0
	No	60.0	37.0	28.0	33.0	64.0	67.0	51.0	57.0	51.0
Additional academic training	Yes	80.0	51.0	38.0	67.0	27.0	33.0	43.0	43.0	46.0
	No	20.0	49.0	62.0	33.0	73.0	67.0	57.0	57.0	54.0
Good supervisor/counselor relationship	Yes	100.0	80.0	91.0	100.0	73.0	67.0	79.0	67.0	76.0
	No	0.0	20.0	9.0	0.0	27.0	33.0	21.0	33.0	24.0
Other		20.0	23.0	13.0	0.0	0.0	100.0	20.0	0.0	18.0
No response to "Other"		80.0	77.0	87.0	100.0	100.0	0.0	80.0	100.0	82.0

* Question #40. In your opinion, should the following criteria be used in choosing a counselor to be promoted to a supervisory position?

		<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Managerial skills	Yes	100.0	95.0	91.0	100.0	82.0	100.0	100.0	100.0	98.0
	No	0.0	5.0	9.0	0.0	18.0	0.0	0.0	0.0	2.0
Counseling skills	Yes	100.0	90.0	94.0	100.0	82.0	67.0	96.0	95.0	90.0
	No	0.0	10.0	6.0	0.0	18.0	33.0	4.0	5.0	10.0
Resource development ability	Yes	80.0	96.0	91.0	100.0	91.0	100.0	96.0	90.0	93.0
	No	20.0	4.0	9.0	0.0	9.0	0.0	4.0	10.0	7.0
Number successful closures	Yes	40.0	36.0	56.0	33.0	27.0	0.0	35.0	67.0	39.0
	No	60.0	64.0	44.0	67.0	73.0	100.0	65.0	33.0	61.0
Other		20.0	16.0	38.0	0.0	64.0	67.0	27.0	14.0	24.0
No response to "Other"		80.0	84.0	62.0	100.0	36.0	33.0	73.0	86.0	76.0

* Question #41. Does your supervisor communicate to you his evaluation of your performance?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Yes	100.0	90.0	97.0	100.0	55.0	100.0	93.0	86.0	90.0
No	0.0	10.0	3.0	0.0	45.0	0.0	7.0	14.0	10.0

*Question #42. Does your supervisor help you improve the areas in which your performance evaluation showed weakness?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Yes	100.0	82.0	94.0	100.0	45.0	100.0	83.0	81.0	76.0
No	0.0	18.0	6.0	0.0	55.0	0.0	17.0	19.0	24.0

*Question #43. How does he help you improve in these weak areas?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Personal evaluation and direction	100.0	37.0	84.0	75.0	27.0	100.0	68.0	86.0	63.0
Professional training	0.0	2.0	0.0	0.0	0.0	0.0	7.0	0.0	8.0
Provides adequate staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
No response	0.0	61.0	16.0	25.0	73.0	0.0	25.0	14.0	28.0

*Question #44. Do you and your supervisor jointly determine the goals to be achieved during the next evaluation period?

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
Yes	80.0	39.0	72.0	33.0	18.0	0.0	50.0	62.0	57.0
No	20.0	61.0	28.0	67.0	82.0	100.0	50.0	38.0	43.0

Question #45. Which of these statements most nearly describes your job as you see it? (If at all possible, check either 1 or 2.)

1. My job is to locate vocationally handicapped individuals in my territory and, if they are eligible for the services offered by my agency, to determine their vocational potential and help them achieve their vocational objective and become gainful members of society.
2. My job is to coordinate available resources of the agency and the community that can be offered to vocationally handicapped individuals and to develop resources via planning, organizing, and directing efforts--within the agency and within the community--toward the vocational rehabilitation of handicapped individuals.
3. If you cannot state that one of these alternatives most nearly describes your job, please write, in detail, your own description.

	<u>Ark-B</u>	<u>Ark-G</u>	<u>La-G</u>	<u>NM-B</u>	<u>NM-G</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>Tex-B</u>	<u>Tex-G</u>
45-1	40.0	49.0	72.0	0.0	36.0	33.0	56.0	62.0	47.0
45-2	40.0	36.0	25.0	100.0	27.0	67.0	38.0	33.0	36.0
45-3	20.0	13.0	0.0	0.0	27.0	0.0	4.0	5.0	14.0
No response	0.0	1.0	3.0	0.0	9.0	0.0	3.0	0.0	4.0

APPENDIX III

INTERVIEW SCHEDULE WITH DATA

1. If funds are allocated, what do you do when you run short of funds before new allocations are made for the next fiscal year? (Refer to questionnaire, Item #10.)
2. How do you determine what resources you can develop in the community that will be beneficial to vocational rehabilitation programs? (Refer to questionnaire, Item #16.)
3. Do you follow a specific procedure in processing a client before determining his eligibility? Yes ____ No ____
4. If yes, please describe the procedure used in processing a client before determining his eligibility.
5. Do you participate in coordination of private vocational rehabilitation programs with the programs of your agency? Yes ____ No ____
6. If yes, please describe how you participate in coordination of private and agency vocational rehabilitation programs.
7. Please describe how you use the caseload master list in managing your caseload. (Refer to questionnaire, item #33.)
8. What procedures do you use to insure that each client progresses according to the vocational rehabilitation plan?
9. What corrective measures do you take if a client's progress shows marked deviations from his vocational rehabilitation plan?

10. What procedures do you use to determine whether field office work (recording, reporting, scheduling of clients, etc.) is proceeding according to plan?
11. What corrective measures do you take if your field office work is not proceeding according to plan?
12. Do you prepare financial statements of your expenditures of funds for caseload management? Yes ____ No ____
13. If yes, how do you use these financial statements?
14. What criteria do you use in evaluating the performance of your staff (secretaries, counselor aides, counselor trainees)?
(Refer to question #38.)
15. What criteria do you believe should be used in evaluating your performance? (Refer to question #39.)

Question #1. If funds are allocated, what do you do when you run short of funds before new allocations are made for the next fiscal year?

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-G</u>	<u>Okla-B</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	Region <u>Total</u>
Utilization of interagency funds	2	0	0	0	0	0	2	2	1	7
Cutback services	4	0	0	2	3	1	3	4	1	18
Transfer of funds from other counselors	2	0	4	0	0	0	0	2	1	9
No knowledge of what I'll do	0	1	0	0	0	0	0	0	0	1
Outside private organization	0	2	0	0	0	0	0	0	2	4
Write "no cost plans"	0	0	0	0	0	0	2	0	0	2
Supervisor's emergency fund	0	0	4	2	0	0	0	0	0	6

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Question #2. How do you determine what resources you can develop in the community that will be beneficial to vocational rehabilitation programs?

	<u>Tex-G</u>	<u>Tex-G</u>	<u>Okla-G</u>	<u>Okla-B</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>
Consult businessmen in the community for training clients	3	0	0	0	0	0	2	1	1	7
Use of out-of-state facilities	1	0	0	0	1	0	0	0	0	2
Close working relationship with community leaders	1	0	1	0	0	0	0	2	0	4
Use of already existing facilities	1	0	1	1	0	0	0	0	2	5
Work with community leaders to develop various programs	0	2	1	0	0	0	0	0	0	3
Engage in public relations efforts	1	0	0	0	0	0	0	3	0	4
Evaluation of existing private facilities	0	1	0	0	0	0	0	0	0	1
Do not develop resources	0	0	2	1	2	1	3	0	0	9
Based on client's needs	0	0	2	0	0	0	0	0	0	2

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Question #3. Do you follow a specific procedure in processing a client before determining his eligibility?

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-G</u>	<u>Okla-B</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>
Yes	6	3	6	2	3	1	4	4	3	32
No	0	0	0	0	0	0	1	0	1	2

Question #4. If yes, please describe the procedure used in processing a client before determining his eligibility.

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-G</u>	<u>Okla-B</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>
Referral	3	2	1	1	1	1	0	1	1	11
Application	4	2	2	1	2	0	0	0	2	13
Medical examination and specialist report	6	3	6	1	3	1	4	4	3	31
Evaluate reports to determine eligibility	6	6	0	0	0	0	3	0	0	15
Write rehabilitation plan	6	3	3	1	2	1	1	1	0	18
Interview	0	0	2	0	4	0	2	4	3	15
Written request from client	0	0	0	0	0	1	0	0	0	1
Determine rehabilitation potential of client	0	0	2	1	0	0	2	1	0	6

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Question #5. Do you participate in coordination of private vocational rehabilitation programs with the programs of your agency?

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-G</u>	<u>Okla-B</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>
Yes	5	3	2	1	3	1	3	4	2	24
No	1	0	4	1	0	0	2	1	1	10

Question #6. If yes, please describe how you participate in coordination of private and agency vocational rehabilitation programs.

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-B</u>	<u>Okla-B</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>	158
Participate in exchange of ideas with officers of private programs	2	0	0	1	3	1	1	2	1	11	
Participate in planning of private vocational rehabilitation efforts	3	0	1	0	0	0	1	3	1	9	
Work closely in cooperation with private efforts as a consultant	0	3	2	0	0	0	1	0	0	6	
Develop contact for client placement	0	0	0	0	0	0	2	0	0	2	

Question #7. Please describe how you use the caseload master list in managing your caseload.

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-G</u>	<u>Okla-B</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>
Summary of caseload	1	0	0	0	0	0	0	0	0	1
A control tool to reflect the status of clients	5	3	5	2	3	1	4	5	3	32
Use of field cards	1	0	0	0	0	0	0	0	0	1
Use in planning my work week	0	0	0	0	0	0	2	0	0	2
Do not use caseload master list	0	0	1	0	0	0	0	0	0	1

Question #8. What procedures do you use to insure that each client progresses according to the vocational rehabilitation plan?

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-G</u>	<u>Okla-B</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>
Close follow-up supervision of each individual client	3	2	3	0	3	0	4	3	1	19
Progress information from training agencies	2	2	4	2	3	0	0	4	2	19
No set procedures	1	0	0	0	0	0	0	0	0	1
Delegation to supportive staff	1	2	0	0	0	0	0	0	0	3
Use of caseload master list	0	0	2	0	0	1	0	2	0	5
Provide counseling	0	0	2	0	0	0	1	0	2	5

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Question #9. What corrective measures do you take if a client's progress shows marked deviations from his vocational plan?

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-G</u>	<u>Okla-B</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>
Determine the cause of deviation	6	3	0	2	1	0	2	1	2	17
Re-evaluation of client's goals	1	1	3	0	0	0	0	3	1	9
More intensive counseling	5	0	3	0	3	1	4	0	1	17
Amend the vocational rehabilitation plan	3	3	6	2	2	0	4	5	2	27
Discuss the problem with the training agency	0	0	0	0	2	0	0	0	0	2
Consultation with supervisor and other professionals	0	0	0	0	0	1	0	0	0	1

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Question #10. What procedures do you use to determine whether field office work (recording, reporting, scheduling of clients, etc.) is proceeding according to plan?

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-G</u>	<u>Okla-B</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>
Review of work delegated to staff	5	1	2	1	2	1	4	4	3	23
Staff meetings to review work	1	0	0	1	2	0	0	0	0	4
Monthly reports review	1	0	2	0	0	0	0	0	0	3
Close supervision	0	2	0	0	0	0	1	0	0	3
Continuous staff development	0	0	0	0	1	0	0	0	0	1
No set procedures	0	0	2	0	0	0	0	0	0	2
Review of caseload master-list	0	0	0	0	0	0	0	2	1	3
Ability to meet planned goals	0	0	0	0	0	0	0	0	1	1

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Question #11. What corrective measures do you take if your field office work is not proceeding according to plan?

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-G</u>	<u>Okla-B</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>
Administrative counseling	1	0	2	2	0	0	2	0	1	8
Better coordination	1	0	0	0	0	0	0	1	1	3
Expedite the work as it comes	1	0	2	0	0	0	0	0	0	3
Spend more time on administrative work	1	0	0	0	0	0	1	1	0	3
Secretary makes list of incompleted work to be completed by me	1	0	1	0	0	0	0	0	0	2
Determine the problem and attempt to solve it	1	3	0	1	0	0	0	0	0	5
On-the-spot correction	0	0	0	0	2	0	0	1	0	3
Delegate authority to senior secretary	0	0	0	0	1	0	0	0	0	1
Train & develop subordinates	0	0	1	0	0	0	2	1	0	4
Work overtime	0	0	0	0	0	0	0	0	1	1

Question #12. Do you prepare financial statements of your expenditures of funds for caseload management?

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-G</u>	<u>Okla-B</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>
Yes	3	0	5	2	0	0	1	5	4	19
No	3	3	1	0	3	1	4	0	0	15

Question #13. If yes, how do you use these financial statements?

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-G</u>	<u>Okla-B</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>
For use of supervisor in budget planning	2	0	0	1	0	0	0	0	1	4
Reporting and accounting purposes	1	0	0	0	0	0	1	0	0	2
To determine current financial situation and budget planning for future	1	0	3	0	0	0	0	0	0	4
Not to overspend the budget	0	0	2	1	0	0	0	5	1	9
Cost benefit analysis	0	0	0	0	0	0	0	0	1	1

Question #14. What criteria do you use in evaluating the performance of your staff (secretaries, counselor aides, counselor trainees)?

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>
Successful completion of delegated work	6	0	4	0	1	1	3	4	1	20
Attitude towards handicapped people	4	0	1	0	0	1	0	2	1	9
Inter- and intra-personal traits	2	0	1	0	0	0	1	1	0	5
Quality and quantity of work	0	3	1	0	1	1	0	0	1	7
Efficiency	0	2	3	0	0	0	4	0	0	9
Performance evaluation is not part of my job description	0	0	0	0	1	0	0	0	0	1
Ability to read satisfactorily	0	0	0	0	0	1	0	0	0	1
Desire to train and develop	0	0	0	0	0	0	1	0	0	1
Evaluation form	0	0	0	2	0	0	0	0	0	2

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Question #15. What criteria do you believe should be used in evaluating your performance?

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>
Severity of disability of clients	1	0	0	0	0	0	1	0	0	2
Academic training	2	0	0	0	1	0	1	0	0	4
Ability to meet counselor's goals	1	0	0	0	0	0	0	0	0	1
Satisfied with current criteria	1	0	0	0	0	0	0	0	0	1
Interpersonal ability	2	0	0	0	1	0	0	0	1	4
Ability to make decisions	1	0	1	1	0	0	0	0	0	3
Ability to meet production quota	3	0	3	0	0	0	2	2	1	11
Public relations	1	0	2	0	0	0	0	2	0	5
Case recording review	0	1	3	1	0	0	0	2	0	7
Amount of time spent in field	0	1	0	0	0	0	0	0	0	1
Efficiency of office operations	0	1	1	0	0	0	0	0	0	2
Ability to manage caseload	0	1	1	0	0	0	0	0	0	2
Number and quality of closures	0	1	0	0	1	1	0	1	0	4
Successful placement of client	0	0	0	0	1	0	1	0	0	2

Question #15 (Continued)

	<u>Tex-G</u>	<u>Tex-B</u>	<u>Okla-B</u>	<u>Okla-G</u>	<u>NM-G</u>	<u>NM-B</u>	<u>La-G</u>	<u>Ark-G</u>	<u>Ark-B</u>	<u>Region Total</u>
Development of new resources	0	0	1	0	0	0	1	0	0	2
Number of plans written	0	0	0	0	0	0	2	1	0	3
Managerial ability	0	0	1	0	0	0	0	1	0	2
Quality of rehabilitation of client	0	0	0	1	0	0	0	0	0	1
Efficient use of funds	0	0	0	1	0	0	0	0	0	1
Client's evaluation	0	0	0	0	0	0	0	0	1	1

APPENDIX IV

LETTER TO DIRECTORS OF AGENCY

July 10, 1968

Dear

On June 10, 1968, we sent, to all State Directors in Region VII, a brief statement of the design and a copy of the questionnaire to be used in the counselor level management study. We have heard from a number of the directors regarding this information. These replies indicated agreement with both the design and the questionnaire. The suggestion was made, however, that we add a question concerned with the length of time the respondent had been employed by the agency in order to compare this factor with responses to the other questions. Such a question has been added.

The research staff is now ready to send this questionnaire to your counselors for completion. If it meets with your approval we would prefer to send sufficient copies of this questionnaire, with stamped envelopes addressed to the Research Institute, to you for distribution to the field staff. A memorandum from you attached to each questionnaire, asking the counselors to give careful thought to their answers, would be appreciated.

If this method of distribution meets with your approval, let us know how many counselors you have and we will send that number of questionnaires and envelopes. For the purposes of this study a counselor is defined as a person carrying a case load. The definition does not include counselor aides, interviewers, etc., nor does it include individuals classified as a counselor but functioning in some other capacity such as work evaluator or psychologist.

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Page Two
July 10, 1968

If you prefer that we distribute the questionnaires from the research office, we will need a list of counselors and their mailing addresses. A memorandum from you to the counselors would still be appreciated.

I, again, thank you for your cooperation. I realize that we are asking a lot from you in the most valuable asset an agency has-- administrative and professional time. I trust that the information to be derived from this study will recompense you and your staff.

Sincerely,

Harold D. Viaille
Research Director

APPENDIX V

MEMO TO COUNSELORS

TO: Counselors, Oklahoma Rehabilitation Services

FROM: Harold D. Viaille, Research Director
Regional Rehabilitation Research Institute
The University of Oklahoma
303 West Brooks Street
Norman, Oklahoma 73069

The Regional Rehabilitation Research Institute at the University of Oklahoma is engaged in a study of the management characteristics of the counselor's position. Your help is needed in the completion of this study. We are requesting that you complete the attached questionnaire and return it to us in the stamped envelope provided. Your reply to the questionnaire no later than August 30 will be most helpful to the work of the Research Institute.

We will appreciate your thoughtful consideration of the items on the questionnaire. Although the document is several pages, the items have been spaced for easy readability and the questionnaire includes only 45 questions, the great majority of which can be completed by checking the appropriate answer.

All ethical standards for research will, of course, be followed. Your replies will be held in strict confidence and will be seen only by appropriate staff members of the Research Institute.

The study has been approved by both the Director of the Department of Public Welfare and the Rehabilitative Services Director.

Thank you very much for your cooperation.

Enclosures: two

APPENDIX VI

TABLE OF FUNCTIONS

	Planning	Organizing	Staffing	Directing	Controlling	Representing	Innovating	Budgeting	Reporting	Coordinating	Commanding	Leading	Motivating	Communicating	Actuating	Creating
Dale	X	X	X	X	X	X	X									
Koontz & O'Donnell	X	X	X	X	X											
Holden, Fish & Smith	X	X	X		X											
R. C. Davis	X	X			X											
Gullick	X	X	X	X				X	X	X						
Urwick	X	X			X					X	X					
Fayol	X	X			X					X	X					
Newman & Summer	X	X			X							X				
Jucius & Schlender	X	X		X	X											
Fox	X	X			X											
Haimann	X	X	X	X	X											
Megginson	X	X	X	X	X											
Longenecker	X	X	X	X	X								X			
Hicks	X	X			X								X	X		X
Terry	X	X			X										X	