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What is This?
Differences in Service Delivery Between Transition VR Counselors and General VR Counselors

Anthony J. Plotner, PhD1, John S. Trach, PhD2, Kathleen M. Oertle, PhD3, and Allison R. Fleming, PhD4

Abstract
Rehabilitation counselors are critical service providers for young adults with disabilities transitioning from high school to adult environments. However, the investigation of whether rehabilitation counselors in the state–federal vocational rehabilitation (VR) program are providing maximum services deserves more attention. Current literature suggests that there have been high levels of variability in how counselors in the state VR system are providing services to transition-age youth. In this study, we examined the relationship between primary job role (i.e., transition-focused or general caseload) and the counselors’ perceptions of the importance of, frequency of, and preparation for providing a set of transition activities. The results indicated that there were significant differences between groups in their ratings of the importance, their preparedness for, and the frequency of with which they engaged in the transition activities. The most notable between-group differences related to the frequency of engagement. Implications for counselor training and service provisions are discussed.

Keywords
transition, competency development, professional training, rehabilitation counselors, education/training for rehabilitation counseling, collaboration

Although increased access to educational and work opportunities for young adults with disabilities has been achieved over the last dozen years (Cobb, Lehman, Tochterman, & Bomotti, 2000; Kohler & Field, 2003; Landmark, Ju, & Zhang, 2010), transition-age youth with disabilities continue to experience poor adult life outcomes when compared with students without disabilities. Information obtained from the National Longitudinal Transition Study–2 (NLTS-2) revealed that students with disabilities fall behind their peers in every postsecondary outcome area including employment, postsecondary education enrollment, and independent living.

Special educators and vocational rehabilitation (VR) agencies have been among those actively working to improve postschool outcomes for youth with disabilities, as evidenced by recent research progress (Murray & Doren, 2013; Test, Mazzotti, et al., 2009). A major complication for VR services to transition youth are the barriers to collaboration between special education and VR, both at the staff and organizational levels. It is clear that the VR system as well as public education are required to participate in the transition process through the most recent reauthorization(s) of the Rehabilitation Act Amendments of 1992 and Individuals With Disabilities Education Improvement Act (IDEIA, 2004); however, the processes and the extent to which each agency participates is not clearly defined. Furthermore, the VR literature reports that VR professionals believe that enhanced coordination efforts that currently exists is vital to maintain an effective role in transition (Oertle, Trach, & Plotner, 2013; Trach, 2012). As a result, many models of service delivery for VR and special educators to collaborate and maximize services are currently being implemented. For example, many states have initiatives that supply VR professionals exclusively for transition-age youth. Many state VR systems have also developed initiatives providing transition-focused rehabilitation counselors who are housed within the school (Government Accountability Office [GAO], 2012). Unfortunately, the current literature base

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does not provide any specific information regarding transition-focused VR counselors.

Plotner, Trach, and Strauser (2012) provided rank order of transition domain areas across importance, frequency, and preparedness of all VR counselors. They specifically reported a significant difference between both groups of counselors’ mean level in (a) importance and frequency, (b) frequency and preparedness, and (c) importance and preparedness. Furthermore, the results showed significant differences across means of importance, preparedness, and frequency and implied that participants in both groups (transition counselors and general counselors) are similar in their need for more support and training in these areas. While these authors reported on VR counselor perceptions of transition competencies, they did not take into account the different types of VR counselors working with transition-age youth and if these two groups differed in such perceptions. More in-depth information about these professionals is critical to understand the strengths and challenges to transition service delivery.

Gaining an understanding of any differences between counselors with and without a transition-focused caseload could contribute insight into potential underlying reasons for the “wide variation” in transition practices and programs observed across VR agencies (National Council on Disability [NCD], 2008). The purpose of this article is to examine the differences between general VR counselors and transition-focused VR counselors regarding their perceptions of (a) the importance of transition activities, (b) their level of professional preparation for providing transition services, and (c) the frequency with which they engage in transition activities with their transition-age consumers. The research question for this study was as follows: What is the relationship between having a primary responsibility for transition services and a VR counselor’s preparedness, importance rating for, and frequency of engaging in transition activities?

Method

Participants and Procedures

Information was collected on VR counselors’ perspectives of importance, frequency, and preparedness of transition competencies across three Midwestern states. VR counselor directories were obtained from each state, resulting in a total of 707 counselors. Two hundred and ninety-one counselors completed the survey, which was a 42% response rate. One state VR administrator in each of the three states assisted the researchers in disseminating the online survey. Letters that provided background information about the study, a consent form, and a link to the survey were sent to each VR professional (Plotner, Trach, & Strauser, 2012). Three weeks after the initial dissemination, a survey reminder was sent. Twenty-four percent (n = 67) reported having a primary responsibility serving transition-age youth, whereas 76% (n = 224) were considered general VR counselors who served a majority of non-transition-age youth consumers (see Table 1). For the purposes of this study, to be considered a transition-focused counselor, the professional had to meet two criteria: (a) self-select their title as being transition focused and (b) have at least 50% of their caseload made up of transition-age youth. Only VR professionals who at the time of the study had transition-age youth on their caseload were invited to participate in the study.

Instrument

The instrument was developed for this study. The Vocational Rehabilitation–Transition Activity Inventory (VR-TAI) consists of 90 total items (31 demographic and 59 transition competencies) to collect demographic data and ratings of “individual” perceptions of importance, frequency, and preparedness for the transition competencies. The stems used in the instrument were “How important do you feel the competency is for your position in the service delivery of transition-age youth with disabilities?” and “How prepared do you feel in performing these activities when serving transition-age youth?” Researchers used a Likert-type scale with the following response options: (1) not at all important, frequent, or prepared; (2) of little importance, frequency, or preparation; (3) moderately important, frequent, or prepared; and (4) extremely important, frequent, or prepared.

The authors collected secondary transition competency areas from the rehabilitation counseling and special education literature, existing instruments, models, and frameworks. One hundred and six items were identified and then narrowed to 59 items through the use of content reviewers and pilot testing. Five content reviewers, each with at least 4 years of experience delivering transition services and a master’s degree in rehabilitation counseling, were used. The VR-TAI was also pilot tested with 10 state VR counselors to further refine the instrument. The result was a total of 59 transition competency/activity areas, with each of the seven domains having between 3 and 7 competencies.

Data Analysis Procedures

The 59 competency items were factor analyzed to identify domain areas (see Table 2) to be analyzed (see Plotner, Trach, & Shogren, 2012, for specifics regarding factor analyses). Table 2 shows Cronbach’s alpha for each domain. After domains were identified, a one-way analysis of variance (ANOVA) was used to test for differences between the two independent groups: mixed caseload (general counselors) and primary transition focus across the three dependent
variables (preparedness, importance, frequency). Importance rankings of transition activity items were factor analyzed to identify an underlying domain structure based on VR counselor perspectives. ANOVAs were conducted for each of the seven domains. Effect sizes were calculated using eta square. An eta square of .01 is considered a small effect, .06 = a medium effect, and .14 = a large effect (Cohen, 1988). Welch’s F test was used to account for unequal groups, since 26% of the sample was transition-focused VR counselors.

Results

While the two groups were not equal in number of participants, several key similarities and differences were observed between groups of counselors on preparation and work-related experiences. Preliminary analysis (chi-square tests for categorical variables and t tests for continuous variables) showed no statistically significant differences between the two groups with respect to education and years of experience. Specifically, the two groups of counselors were comparable in proportion holding a master’s degree (approximately 61%) and a master’s degree in rehabilitation counseling specifically (transition counselors = 47.7%; general counselors = 51.7%). The two groups were also comparable in an indicator of years of experience, with similar proportions reporting less than 6 years (transition counselors = 40.3%; general counselors = 43.8%), 6 to 12 years (transition counselors = 26.8%; general counselors = 24.1%), and more than 12 years (transition counselors = 32.8%; general counselors = 32.1%; see Table 2 for demographic comparisons of the two types of rehabilitation counselors).

Interestingly, a statistical significant difference was found in regard to obtaining a Certification in Rehabilitation Counseling (CRC), \( \chi^2(4, 280, p < .05) \). General VR counselors were more likely to have their CRC (transition counselors = 41.7%; general counselors = 51.3%). Furthermore, the largest proportion of both groups reported receiving between 2 and 4 days of training specific to transition in
their current position (transition counselors = 49.2%; general counselors = 47%); however, approximately a quarter (27%) of transition counselors reported receiving more than 4 days, while significantly fewer general counselors (9%) reported attending this much training.

**Discussion**

It is critical to delineate the differences between the two types of VR counselors beyond the nature of their position (primary caseload of transition-age youth and job title: transition specialists). Broad-level results of this study indicated a relationship between primary job responsibility...
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(i.e., general focus vs. transition focus) and perceptions of importance, preparation for, and frequency of the transition activities outlined in the survey. Both groups of counselors found the transition activities to be important; however, the group of transition-focused counselors found some of the activities to be significantly more important for three of the seven domains (i.e., conduct program improvement activities, facilitate nonprofessional support and relationships, and develop and maintain collaborative relationships).

There were differences in feelings of preparation among the participants to perform the activities in four of the seven domains (i.e., facilitate career preparation experiences, promote access and opportunity for success, facilitate nonprofessional support and relationships, and facilitate allocation of resources). There were also significant differences in how often the two groups performed the activities with their transition-age consumers in all of the domains.

Estimates are that 13.5% of state VR caseloads are composed of transition-age youth, with numbers increasing (Hayward & Schmidt-Davis, 2000; Lamb, 2007). This changing landscape and increased demand makes it even more critical that counselors feel prepared to work and interact using practices and strategies that will result in effective services to youth (deFur & Taymans, 1995). In addition, findings in each of these areas suggest important implications for counselor practice within the state agency setting for transition youth. By examining these domains and activities across the three areas of importance, preparedness, and frequency, we can begin to infer trends of counselor practice for the high school population.

The finding that general counselors assigned a lower importance rating to developing and maintain collaborative partnerships than transition-focused counselors seems consistent with previous discussion of breakdowns in communications and lack of involvement between VR agency staff and secondary education staff. Data from this study reinforce that information and knowledge sharing between rehabilitation professionals and special education/secondary education professionals continues to be a challenge (Plotner, Trach, & Strauser, 2012). These findings are consistent with those of previous studies. For example, in a survey of special educators and rehabilitation counselors geared at determining the extent to which rehabilitation counselors participated in the transition process for special education students, authors found that more often than not, rehabilitation counselors were not invited to transition meetings or district-level policy meetings, and did not feel like active participants (Agran, Cain, & Cavin, 2002). Oertle et al. (2013) also report that more communication is expected than what is currently taking place to best serve youth with disabilities. In addition, findings from the NLTS-2 data indicated that on average, VR counselors

Table 5. ANOVA Results for Frequency Based on Primary Job Responsibility.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Counselor type</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>p</th>
<th>η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide career planning and counseling</td>
<td>1</td>
<td>3.41</td>
<td>.45</td>
<td>9.93</td>
<td>.002</td>
<td>.04</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>3.11</td>
<td>.69</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3.18</td>
<td>.65</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide career preparation experiences</td>
<td>1</td>
<td>3.08</td>
<td>.65</td>
<td>24.15</td>
<td>.000*</td>
<td>.09</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2.56</td>
<td>.71</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2.69</td>
<td>.73</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ensure access and opportunity for student</td>
<td>1</td>
<td>2.51</td>
<td>.71</td>
<td>23.55</td>
<td>.000*</td>
<td>.08</td>
</tr>
<tr>
<td>success</td>
<td>2</td>
<td>2.05</td>
<td>.64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2.16</td>
<td>.68</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Conduct program improvement activities</td>
<td>1</td>
<td>2.39</td>
<td>.63</td>
<td>8.80</td>
<td>.003</td>
<td>.04</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2.11</td>
<td>.62</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2.19</td>
<td>.63</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitate nonprofessional support and</td>
<td>1</td>
<td>2.73</td>
<td>.64</td>
<td>23.23</td>
<td>.000*</td>
<td>.08</td>
</tr>
<tr>
<td>relationships</td>
<td>2</td>
<td>2.26</td>
<td>.67</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2.37</td>
<td>.69</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitate allocation of resources</td>
<td>1</td>
<td>3.06</td>
<td>.48</td>
<td>16.92</td>
<td>.000*</td>
<td>.06</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2.71</td>
<td>.61</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2.80</td>
<td>.60</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Develop and maintain collaborative</td>
<td>1</td>
<td>2.73</td>
<td>.57</td>
<td>15.27</td>
<td>.000*</td>
<td>.06</td>
</tr>
<tr>
<td>partnerships</td>
<td>2</td>
<td>2.33</td>
<td>.72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2.43</td>
<td>.71</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Counselor Type 1 = Transition-focused counselor; Counselor Type 2 = General VR counselor. df = (1, 233). VR = vocational rehabilitation.

*p < .001.
actively participate in the transition process about 14% of the time (Shogren & Plotner, 2012). Other reported rates of participation have been as high as 25% (NCD, 2008).

Another interesting finding that deserves much more discussion is the fact that general counselors feel less prepared in areas traditionally carried out by VR professionals despite having a significantly higher proportion of CRC certification. While traditional VR counseling areas (e.g., resource allocation and career preparation experiences) are most definitely addressed in CRC domains, this indicates how different service delivery can be in the context of serving transition-age youth with disabilities.

Given that previous studies have found a link between perception of competency and implementation of practices (e.g., Knott & Asselin, 1999), the finding that general counselors feel less prepared to provide career preparation experiences and facilitate allocation of resources is concerning particularly due to the needs of the transition population. These career-preparation experiences are crucial to helping young adults develop ideas on what they are good at and what they like doing. Resource allocation is particularly important given the variety of agencies and professionals who are often at the table during transition planning. Negotiating what services will be provided by whom and under what form of payment is a critical skill to support and develop collaboration as has been discussed in previous sections. The finding that general counselors carry out all of the activities (or activities within these domains) less often than transition counselors has potentially serious implications for state agencies. This seems to indicate that students who work with general counselors may not be getting the same kinds of services as students who work with transition-focused counselors. Another potential interpretation of the findings is to propose that counselors who work with youth require a special set of skills. This may be a slightly different job, closer to a “secondary transition specialist” intended to be available in high schools or as a specialized role within VR offices. As such, it is important for VR and other community partners assisting with transition to identify roles to insure that VR is not doing a disservice to youth with disabilities by not having gaps in service delivery because of an absence of specialized counselors.

It is not known how much exposure VR counselors have to these practices and strategies either pre-service or as part of their continuing education and professional development. Despite some promising findings of practices that appear to improve transition outcomes, and indicators of a better postschool situation for youth with disabilities (Repetto et al., 2011), additional preparation for transition stakeholders outside high school (e.g., such as the state–federal VR system) is necessary to assist counselors in providing effective services to youth. The fact that 27% of transition counselors reported more transition related training likely led to higher reports of preparedness. The quality, intensity, and impact of available training should be examined further.

It is unknown if VR programs are set up to allow counselors to execute all of these activities, even though many of them have at least initial support of effectiveness based on empirical study. Further research needs to examine differences between these two types of counselors related to postschool outcomes. It would also be beneficial to understand if a relationship exists between community and school characteristics and local VR agencies assigning either transition-focused or general rehabilitation counselor. State–federal VR systems should pilot new innovative efforts that utilize the strengths of local education agencies and VR professionals. VR knowledge in evidence-based practices (Test & Cease-Cook, 2012) should also be explored beyond general transition competency domains. In light of the poor outcomes overall for individuals with disability, it might befit essential, elemental questions such as looking at the collaboration and duplicity of efforts between agencies on a federal, state, and local level. Communication and collaboration should be a continued area of emphasis in policy, training, and supervision to reinforce the importance of developing relationships with staff from partner organizations.

These results have important implications for research and practice, but must be considered within the context. First, only three states were used in this study. Other state VR systems may provide more in terms of transition training or even have more transition preservice opportunities. Similarly, stronger partnerships between schools and VR system could also impact counselor perceptions of transition activities. In addition, general VR counselors reported a large variability in percentage of transition-age youth on their caseload. Those counselors with only a few transition-age youth on their caseload could also impact their perceptions of transition activities. Finally, a small sample size was used including only 67 transition-focused counselors. Although no significant differences were found in educational background, 13% of the transition-focused group was composed of professionals with a master’s degree in special education.

**Declaration of Conflicting Interests**

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