Preferred Nomenclature of Users of the Vocational Rehabilitation System

by

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## ABSTRACT

Counselors in the field of vocational rehabilitation counseling have no set policy for the name to refer to the users of the system. Debate in rehabilitation counseling literature suggests the use of the word "consumer" or the word "client" for the user of rehabilitation counseling services. The purpose of this study was to define the working relationship between the user of the rehabilitation counseling services and the rehabilitation counselor. By defining qualities of that relationship, the most appropriate name for the user of the rehabilitation counseling system may be determined. Participants were users of the University of Wisconsin – Stout Students with Disabilities office who completed a survey asking them about their perceptions of the relationship with their counselors and the term they preferred. Results indicated that the term "client" was preferred by half of the participants.

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# Chapter I: Introduction

In human relationships there are roles defined by the name given to the actors in the drama. The husband has a wife. The instructor or teacher has a student or pupil. The hairdresser has a client. The doctor performs his/her skilled trade on a patient. A person engaged to be married has a fiancé. The consumer affects the national economy by his/her purchasing behavior. The sales clerk at the local mall provides service to customers all day long.

In a seminar with an instructor in the Vocational Rehabilitation Counseling program at UW-Stout, the topic of the use of the word "consumer" versus "client" arose. By usage, the term "client" had developed a negative connotation. Job coaches in sheltered workshops would call users of the rehabilitation counseling system "client" in a joking manner. To remedy this situation, the rehabilitation counseling system turned to the use of the terms "consumer" or "customer" (Peters, 2002).

An examination of documents provided to users of the state of Wisconsin Department of Vocational Rehabilitation (DVR) was performed by this researcher. There was inconsistency in the use of terminology for users. In multiple documents the user was referred to as consumer, while in one document the user was referred to as client.

This lack of consistency and policy extends beyond DVR to the University of Wisconsin - Stout campus. At the entrance to the parking lot for participants at the Stout Vocational Rehabilitation Institute, a sign designates the parking lot is to be used for "customer" parking (observed 7/21/05 by the author).

This inconsistency in the use of terminology has not gone unnoticed by the vocational rehabilitation counseling profession. Some dispute has arisen as to how to refer to the users of the rehabilitation counseling services. Historically, the term client has been used to designate the

user of rehabilitation counseling services. Recently the use of the term consumer has been finding greater usage. Thomas (1993b) introduced the inappropriateness of the use of the term consumer by stating, "According to *Webster's New Universal Unabridged Dictionary* (1983, as cited in Thomas), a consumer is . . . one who consumes, spends, wastes or destroys" (p. 7). By contrast, the most relevant definition listed for the word client is "a person or company in its relationship to a lawyer, accountant, etc., engaged to act on its behalf" (p. 7). Thomas also related how fellow professor Paul Lustig stated the term consumer to be inappropriate and that it distorted the relationship between the rehabilitation counselor and his/her client. Lustig said, "We are not retail sales persons; we are professionals like doctors or lawyers" (p. 7).

Thomas (1993a) was at one time very much in favor of thinking of the clients within the system as consumers because this would suggest they had more power in the relationship with the rehabilitation counselor. He stated he had hopes that one day the user of the rehabilitation counseling system would be supplied with vouchers to purchase services. After some consideration though, Thomas realized consumer was not an appropriate term. He also feared acceptance of the use of the term was becoming more widespread. The term was used many times in a message from the President of the American Rehabilitation Counseling Association in 1992. It can also be found occasionally in some rehabilitation counseling texts.

Thomas asserted in that "use of the term consumer to describe clients distorts and weakens the helper-client relationship and could ultimately have devastating effects on the roles and development of rehabilitation professions" (1993b, p. 7). To state it more succinctly, a "consumer is primarily a buyer whereas a client is the recipient of professional services" (1993b, p. 7). He further stated that "the relationship between the consumer and the retailer is often one

of competition and mistrust" (1993b, p. 7). The retailer tries to get the most profit from the sale and the consumer tries to get the most for his money.

Thomas suggested that the relationship of the client and the professional, however, is more of a working alliance: the vocational rehabilitation professional and the client work together in order to achieve the best possible outcome (1993a). He further argued that when examining the monetary aspects of the consumer/client argument, it is apparent that a consumer has the luxury of selecting where he spends his money. This type of relationship would suggest the consumer would have a choice in the market place, much the same as the consumer who could decide to buy dishtowels at the nearby Kmart or at the Wal-mart on the other side of town. This is not the case for the client of the rehabilitation system. Rarely is there a choice where the client can select services. When the client is working in the rehabilitation system he has few or no choices in the services provided. Even if the client were allowed to make choices, this would not be in the best interest of the client because he/she is not knowledgeable in the profession of rehabilitation counseling.

Continuing the argument against the use of the word consumer, Thomas stated that the use of the word consumer connotates a market in which money is the boss and can purchase whatever it desires (1993a). A consumer may elect to purchase testing simply because he/she desires to do so. On the other hand, the vocational rehabilitation counselor is bound by the Commission on Rehabilitation Counselor Certification (CRCC) Code of Ethics to provide individually tailored service based on professional assessment of the needs of the client.

Thomas argued against the use of the word consumer because when the relationship of the provider and the user of those services becomes more of a consumer-supplier relationship we can see what will occur by looking at the managed care of psychotherapy services (1993b). The

"cure" for people with emotional disturbances is limited to 10 visits because that is all the costs insurance will cover. It is widely accepted that some psychotherapy takes more than 10 visits to provide successful change in symptoms.

Finally, in his article Thomas suggested that the professionalism of the vocational rehabilitation counseling system may suffer much the same as physicians when they began being considered as "providers" (1993b). Instead of being in a "helping" profession, physicians found themselves in an "enterprising" profession. The reasons for making decisions in some matters of patient care became the bottom line and not entirely the best interest of the patient. He hoped the rehabilitation counselor will avoid becoming an "enterprising" profession. He preferred to maintain his status as a "helping" professional. When the vocational rehabilitation counselor does select services, the primary interest should be for the best possible outcome without regard to a profit to be attained by the sale of the service. A chart (Appendix B) contrasts the arguments for the usage of the term consumer versus client set forth by Thomas.

In a counterpoint to Thomas' argument, Nosek (1993) claims the use of the word client to be paternalistic because of the portion of the definition that states "engaged to act on its' behalf" (p. 10). She asserted:

> The effect of using the word "consumer" will indeed be devastating to the rehabilitation profession - it will destroy the status quo. To continue the comparison to physicians, they suffered considerably when they began to be viewed as providers, because they could no longer maintain the rank of gods. As servants to the best interest of the individual, they lost the mystery and inapproachability of the omniscient. If, as the result of using this word, I can now

> view a rehabilitation professional as my colleague and not my master, then I say let the revolution begin. (p.10)

She disagreed that the use of the word consumer would have all the deleterious effects suggested by Thomas. She stated that the user of the rehabilitation system cannot have increased control of outcomes unless the relationship is changed.

In a final reply to Nosek, Thomas (1993a) claims, "Rehabilitation professionals routinely encourage clients to act on their own behalf in scheduling job interviews, confronting family members and work supervisors, securing occupational information, applying for admission to vocational training, and a variety of other activities"(p. 12). He concluded by arguing that when clients are primarily treated as a source of revenue they are most likely to get hurt.

The terminology of the relationship between provider and user is not only questioned in rehabilitation literature. McGuire (1997) questioned whether prisoners of the Australian corrections system are customers or clients. In another study (Chamberlain, 1997), the question was posed whether women who attend hospitals to give birth who are definitely not ill should be called "patients." Some of the soundest advice found was in an article by Wing (1997) which simply tells us when we are not sure whether to use the word patient or client, we should ask the user of the system how he/she would like to be addressed.

Service providers in at the London Psychiatric Hospital Mood Disorders Unit in London, Ontario, Canada surveyed 550 service providers and 427 recipients (Sharma, Whitney, Kazarian, & Manchanda, 2000). Among the providers, 68.4% preferred the term "patient," 26.5% preferred "client," and .5% preferred "consumer." The service recipients responded with 54.8% preferring the term "patient," 28.8% preferring the term "client," 7% preferring the term "survivor," and

2.8% preferring the term "consumer." The study suggests the need for dialog between recipients of services and providers.

Another study to determine participant nomenclature in the mental health services was conducted (Mueser, Glynn, Corrigan, & Baber, 1996). These investigators surveyed 302 persons participating in inpatient and outpatient psychiatric programs. They allowed the choices of "client," "consumer," "patient," "doesn't matter," and "other." The results of the survey showed 45% of the respondents preferred the term "client," 20% preferred the term "patient," 8% preferred the term "consumer," and 27% either expressed no clear preference for one term or provided another term. This author found no studies in the peer reviewed journals of the vocational rehabilitation counseling literature which used the "just ask" approach, hence the need for a study of this type in the vocational rehabilitation counseling system.

In further seeking an absolute authority on the matter, this researcher looked for literature in the field of etiquette for people with disabilities by examining Maloff and Macduff-Wood's book *Business and Social Etiquette with Disabled People* (1988) and found nothing specific. Expanding the search into the field of business by reading the *Complete Book of Business Etiquette* by Vermes (1976), no definitive authority was found either.

If a vocational rehabilitation counselor were to use the term "consumer" for users of the rehabilitation system, how would he/she introduce the user? "Hello, I'm John Smith, a vocational rehabilitation counselor, and I'd like to introduce you to John Doe, my consumer." This author thinks this would be very awkward at best. This author has heard the word "consumer" used this way. While attending a practicum in vocational evaluation at the Stout Vocational Rehabilitation Institute in the fall of 2003, this writer heard one of the staff state, "Your consumer is waiting for you."

This author proposed a study which asks the user of the vocational rehabilitation counseling system if a relationship exists between the user and the counselor and what term the user would prefer. Results of the study may initiate policy within the vocational rehabilitation industry. Currently the terms client, consumer, and customer are interchangeably used to designate users of the rehabilitation counseling industry. If this study indicated a significant preference for a name chosen by the users of the rehabilitation counseling system, both public and private sectors of the industry could acknowledge the preference and institute that name as policy.

*Statement of the Problem*

The purpose of this study was to document the preferences of terminology for users of the vocational rehabilitation counseling system. Data was collected in the spring semester of 2005 through use of an online survey administered to users of the University of Wisconsin- Stout Student Disability Services.

*Research Questions*

The two research questions this study attempted to answer are:

1. Do users of the vocational rehabilitation counseling system perceive a relationship with their counselors?
2. Do users of the vocational rehabilitation counseling system have a preference for the term used to indicate users of the system?

*Definition of Terms*

The purpose of this study is to determine if the user of the vocational rehabilitation counseling system perceives the existence of a relationship with the counselor and if the user has a preference for the term to designate said user. Therefore, it is vital to precisely define terms as

they are used within the vocational rehabilitation system and this study. Following are terms used in the study and their definitions:

*Autonomy.* "To honor the right to make individual decisions" (CRCC, 2005, p. 1).

*Beneficence.* "To do good to others" (CRCC, 2005, p. 1).

*Bond.* "The concept of bonds embraces the complex network of positive personal attachments between the client and the counselor that includes issues such as mutual trust, acceptance, and confidence" (Horvath & Greenberg, 1989 p. 224).

*Certified Rehabilitation Counselor (CRC).*

A professional certified to provide varied and specialized rehabilitation services for persons with disabilities as defined by the commission on rehabilitation counselor certification. Essential performance areas for certification are: medical, psychological, and economic aspects of disabling conditions; legislative, legal, sociological, and technological influences in rehabilitation; rehabilitation services and service delivery systems; principles of human behavior; job development and placement; coordination of vocational rehabilitation services; and counseling and client assessment (Dowd, 1993, p. 5).

*Client.* "A person receiving services from an agency, business, school, or other service provider" (Dowd, 1993, p. 6). Also"...individuals with disabilities who are receiving services from rehabilitation counselors" (CRCC, 2005, p. 5).

*Consumer.* "An individual with a disability was eligible for, may require, or is the recipient of some type of service, such as medical treatment, vocational rehabilitation, rehabilitation technology, housing, independent living, or transportation" (Dowd, 1993, p. 7).

*Fidelity.* "To be loyal, honest, and keep promises" (CRCC, 2005, p. 1)

*Goals.* Horvath & Greenberg (1989) stated "A strong working alliance is characterized by the counselor's and the client's mutually endorsing and valuing the goals (outcomes) that are the target of the intervention" (p. 224).

*Justice.* "To be fair and give equally to others" (CRCC, 2005, p. 1).

*Nonmaleficence.* "To do no harm to others" (CRCC 2005, p. 1).

*Rehabilitation counselor.* A professional who helps persons deal with the personal, social, and vocational impact of their disabilities. The rehabilitation counselor stresses the strengths and needs of individuals; provides personal and vocational counseling; and may arrange for medical care, vocational training, and/or job placement (United States Department of Labor, 1992).

*Tasks.* Horvath and Greenberg (1989) define tasks as "the in-counseling behaviors and cognitions that form the substance of the counseling process. In a well functioning relationship, both persons must perceive the task as relevant and efficacious; furthermore, each must accept responsibility to perform these acts" (p. 224).

*Vocational counseling.* "The process of obtaining information from and providing occupational information to an individual and assessing that person to understand vocational assets and liabilities in choosing a suitable occupation" (Dowd, 1993, p. 29).

*Working alliance.* "The collaboration between client and counselor based on their agreement about the goals of treatment, the tasks relevant for achieving these goals, an on the development of an emotional bond of trust" (Bordin, 1979, as cited in Gysbers, 1998, p. 252).

*Assumptions and Limitations*

It was assumed that the director of Student Disability Services at University of Wisconsin-Stout adhered to scientific protocol during the administration of this survey. Limitations of a survey conducted on a representative sample would have included the following: Some users of the rehabilitation counseling system are not cognitively responsive to language. It is impossible to survey these users by a written survey. Another section of the population that would be difficult to survey would be people with developmental disabilities, who are often functionally illiterate and would not be able to respond to a written survey. Due to cognitive deficits, they would also not be able to even respond to an oral query. In the same vein,

vocational rehabilitation services are provided to users whose primary language is not English. these users would not have command of a wide English vocabulary. The scope of this study would not have allowed a survey to be conducted which would include these users. Another limitation of this study would be the inability to query the entire population of users of the rehabilitation counseling system. This population changes from moment to moment with new users arriving as more seasoned users acquire jobs through the services provided by the rehabilitation counseling system.

# Chapter II: Literature Review

## *Introduction*

The vocational rehabilitation counseling system evolved out of the necessity for counseling directly addressing the reintroduction of workers to the work environment and it draws upon the extant knowledge and counseling techniques of mental health counseling. This chapter shall examine the foundations of the relationship a counselor and counselee must establish in order to produce effective results from the counseling process.

Sections in this chapter explore the historical foundations of the counseling relationship, the working alliance and surveys of users in other disciplines.

## *Historical Foundations of the Counseling Relationship*

In his book *On Becoming A Person*, Carl Rogers (1961) discussed properties of the counselor/counseling relationship in the chapter entitled "The Characteristics of a Helping Relationship." He stated:

> A helping relationship might be defined as one in which one of the participants contends that there should come about, in one or both parties, more appreciation of, more expression of, more functional use of the latent inner resources of the individual. (p. 40)

The relationship can be found in many bonds in life. Rogers mentioned the parent/child relationship as an illustration of his definition (1961, p. 40). He also stated that this relationship can be found in many types of counselor/client relationships. It is similar in vocational counseling as well as educational counseling or personal counseling. Common to all these relationships is the "purpose of promoting development and more mature and adequate functioning" (p. 40).

Rogers dissected the characteristics referencing a previous study. In that study, the author (Heine, 1950, as cited in Rogers, 1961) found that regardless of the orientation of the therapist, the clients agreed upon certain characteristics they thought were helpful in the execution of change. Helpful characteristics were trust, belief of being understood, and the perception they were autonomous in decision-making. Characteristics the subjects in the study stated they believe to be unhelpful were lack of interest of counselor, remoteness/distance of counselor, and counselors being overly sympathetic.

Rogers described another study (Fielder, 1953, as cited in Rogers, 1961), in which the more experienced counselor is an expert in catering to the needs of the client by using "the ability to understand the client's meanings and feelings; a sensitivity to the client's attitudes; a warm interest without any emotional over-involvement" (p. 44).

Lindsley conducted a study (1956, as cited in Rogers, 1961) using imprint conditioning in which the participant was allowed to press a lever that would feed a hungry kitten observable in another room. The participant increased in functioning to the point where he was allowed ground privileges. The experimenter then instituted an extinction phase of the experiment in which the lever did not work. The participant then regressed to his previous low functioning state. To Rogers, this meant that trustworthiness is a highly important characteristic in counselor/client relationships even if it is in relation to a machine.

Martin (1983) provided the counselor with what he calls "core conditions." These are characteristics of the counselor that must be present in order for successful counseling to occur. Martin states these core "helper dimensions" are "accurate empathy, respect for the client, genuineness, and concreteness." According to Martin, empathy is "communicated understanding of the other persons intended message" (p. 3). He further explained that every part of this

definition is important. The counselor must not only understand what the client said, but what the client intended to say. Not only that, the counselor must let the client know that he understands how the client feels. The client must know that he/she is understood (Barret-Lennard, 1962, 1981; Gurman, 1977, as cited in Martin). The other conditions are explained as follows:

> Briefly, respect is reflected in the dependable acceptance the therapists gives the client - a nonjudgmental openness to let the client think, feel, and say whatever he is experiencing without losing the sense that the therapist accepts him as a person with worth. Genuineness is difficult to define and generally means that the therapist is not phony and relating within a role . . . . Concreteness refers to the therapist's responding in ways that are specific to the particular client, using words that uniquely bring that client's experience to life, rather than making generalized statements. (p. 12)

Martin stated later in his book (1983) that in a meta-analysis of studies by Gurman (1977, as cited in Martin) most of those studies suggest the necessity of the core conditions for therapy. Gurman concluded that "there exist substantial, if not overwhelming, evidence in support of the hypothesized relationship between patient-perceived therapeutic conditions and outcome in individual psychotherapy and counseling" (p. 523). Martin also states the neophyte counselor may desire a copy of Barrett-Lennard's Relationship Inventory (1962, 1978), as it may have some use in training.

*The Working Alliance*

Gysbers (1998) stated that an important aspect of the therapeutic alliance is the working alliance. The working alliance was defined by Edward Bordin (1979, as cited in Gysbers). He

suggested that there were three parts to the working alliance and that constant attention must be paid to maintain all components during the therapeutic process. These components are:

> 1. Agreement between the client and the counselor on the goals to be achieved in counseling. 2. Agreement on the tasks involved. 3. The bond necessary between client and counselor that establishes the importance to both of them of goals and task. (p. 123)

Stated more directly, the working alliance consists of the triad of goals, bond, and tasks. Expansion of these terms is provided in the study by Meara and Patton (1994, as cited in Gysbers, 1998) about whom Gysbers said:

> ...describe the alliance as that part of counseling that can be characterized as collaboration, mutuality, and cooperation of two working together. It is this interdependence that makes it both complicated and fascinating. Like any good relationship, it demands work from both parties. (p.124)

Gysbers further stated:

> Goals must be mutually agreed upon by both the counselor and the client. Goals are determined by the counselor listening well to the client and giving the feedback necessary for the client to identify and solidify the goals deemed necessary to produce desired results. (p. 124)

Following the establishment of goals, Gysbers stated "The counselor and client must determine tasks that shall result in progress toward the aforementioned goals. These tasks also must be mutually agreed upon by the counselor and client in order to plan an effective counseling strategy" (p.124).

The working alliance must also have the bond necessary for the client and counselor to work effectively. Gysbers referenced many studies that supplied the researcher with many ways to "conceptualize, understand and even measure this bond, but diverge in their thinking about what is essential, necessary, or sufficient" (1998, p. 125). He defines a good working alliance:

> as attending to the establishment of mutually well-defined goals in our relationships, finding mutually agreed upon task to promote pursuit of these goals, and equally important, making any effective bond in the relationship to make the most constructive use of the therapeutic time together. When this is done early in career counseling, we can provide appropriate direction for our clients and, ultimately, we can expect better outcomes from our efforts. (p. 125)

Horvath and Greenberg (1989) discussed the development of the Working Alliance Inventory (WAI). The WAI is a paper and pencil test designed to measure variables affecting the degree of success in counseling. The WAI is based on Bordin's (1980, as cited in Horvath & Greenberg) conceptualization of the working alliance. Bordin suggests the working alliance is necessarily comprised of three parts. Supporting the aforementioned counseling triad, Bordin stated that these parts are summarized in the terms bonds, goals, and task.

Horvath and Greenberg also mentioned the Strong Theory of Interpersonal Influence (1968, as cited in Horvath & Greenberg, 1989). In that article, Strong suggested that counselor characteristics affect the outcome of counseling. Some of these characteristics are that the counselor is perceived as trustworthy, expert, and attractive. Strong suggested that the greater these characteristics are perceived in the counselor, the better the outcome of counseling.

Bordin (1980, as cited in Horvath & Greenberg, 1989) suggested that if the concept of working alliance can be successfully measured, the outcome of the success of counseling may be predicted. Further, Horvath and Greenberg stated that the intent of the development of the WAI was to "develop a measure that not only captures outcome variance but has a clearly articulated relation with the specified body of theory, which in turn clearly explicates the relation of the theoretical constructs to counseling process" (p. 225).

Horvath and Greenberg described the two separate forms of the WAI, one for the counselor and one for the client (1989). The items of the WAI are listed. There are 36 items in the WAI client form. One third of the items concern each of the aspects of the working alliance (goals, task, and bonds). These items were incorporated into the WAI after being evaluated by raters and were found to have high agreement as to the necessity of inclusion in the counseling process.

Three separate studies were then performed on the WAI (Horvath & Greenberg, 1989). In the first study, "the findings suggested that statistically reliable relations exist between early (third session) working alliance measurements and two out of three client-reported outcome indicators (satisfaction and change)" (p. 227).

The second study showed a weak correlation between the independent variables in the one month follow-up outcome indexes (Horvath & Greenberg, 1989). A third study using the revised version of the WAI "generally confirmed earlier investigations suggesting a significant positive relation between the alliance as measured by the WAI and outcome" (p. 228).

The conclusion reached in the article was that "the WAI is showing some promise of being an efficacious early predictor of successful counseling outcome; however, it is obviously an early stage of development insofar as evidence of its validity, reliability, and utility is concerned" (Horvath & Greenberg, 1989, p. 231).

Another study using the WAI as a measurement of counseling efficiency suggests the participant in the counseling process must expect to assume responsibility in forming a collaborative relationship to establish a working alliance in a minimal amount of time. The authors also suggest the counselor inform the participant of the necessary bond in working to develop task and goals in the counseling process (Tokar, Hardin, Adams, & Brandel, 1996).

*Survey of Users*

McCarthy and Leierer (2001) surveyed users of the rehabilitation counseling system. Respondents were asked to list the characteristics they would expect rehabilitation counselors to have. The most frequent response (28.5%) listed characteristics judged to reflect "consumer-first attitude and advocacy" (p. 21). Specific responses included "someone with empathy who puts my needs ahead of bureaucratic 'BS'; respecting client's decision when it doesn't agree with program; a passionate advocate for the human dream; someone that won't push you and will let you work at your own pace" (p. 21).

The second most frequent responses were judged to include characteristics of counselors that are "nurturing traits that promote counselor-client relationship" (20%, n = 42; McCarthy & Leierer, 2001). Listed in this category were understanding; nice and kind; nonjudgmental; mentor; caring; supportive; has empathy, not pity or sympathy; relaxed attitude; willing to be a friend" (p. 21).

McCarthy and Leierer (2001) also cited the need for direct input from surveying clients of the rehabilitation counseling system in order to obtain knowledge about rehabilitation counseling, due to the lack of such over the last 40 years (Wright, 1960; Kosciulek, 1999, as cited in McCarthy and Leierer).

The article also described a few studies (Koch, 2001; Murphy & Salamone, 1983; Trevino & Szymanski, 1996, as cited in McCarthy & Leierer, 2001) which "have explored clients' perceptions and preferences through a qualitative synthesis of data elicited from their own schema of understanding and vocabulary of expression" (p. 13). The relevance of this article to this research paper is that the user of the rehabilitation counseling system should be asked what name they would like to have used when being referred to. The responses listed in the article argue for and are congruent with characteristics one would associate with a client as opposed to the characteristics of a consumer (Thomas, 1993b).

Another source of characteristics rehabilitation counselors should attempt to maintain with users of the rehabilitation counseling system is cited by the Commission on Rehabilitation Counseling Certification (CRCC.) In the preamble of *The Code of Professional Ethics for Rehabilitation Counselors*, the CRCC suggested the rehabilitation counselor adhere to the five principles of ethical behavior which are autonomy, beneficence, nonmaleficence, justice, and fidelity (2005).

The need for the rehabilitation counselor to initiate and maintain a working relationship with the user of the vocational rehabilitation system is reiterated by Rubin and Roessler (2001). They note the counselor needs to create an atmosphere in which the therapeutic relationship can thrive. Qualities counselors should develop are empathy, respect, genuineness, and concreteness. These characteristics are considered core values of the counseling process. In order to do this the

counselor must maintain contact with their clients and respond to them in an empathic, respectful, and genuine manner. They must also encourage participation on the part of the client. The client must be able to freely express feelings. Cultural sensitivity is also a factor in the therapeutic relationship.

# Chapter III: Methodology

## *Introduction*

An online survey was conducted to determine if users of the rehabilitation counseling system perceived a working relationship with the rehabilitation counselor. The survey also asked what terminology users would prefer when counselors referred to them. This online survey was facilitated by the director of the University of Wisconsin- Stout Students with Disabilities Service.

## *Selection and Description of Sample*

Subjects of the survey were users of the University of Wisconsin - Stout Student Disability Service who voluntarily answered questions in an online survey in response to an email requesting participation.

## *Instrumentation*

The online survey consisted of 16 questions. The first three questions were demographic in nature. These questions asked the respondents' gender, age range, and ethnic identification.

Questions four through 15 asked the respondent the 12 questions regarding therapeutic bond from the client questionnaire of the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989). These are:

1. I feel uncomfortable with my DVR counselor.
2. My DVR counselor and I understand each other.
3. I believe my DVR counselor likes me.
4. I believe my DVR counselor is genuinely concerned for my welfare.
5. My DVR counselor and I respect each other.
6. I feel that my DVR counselor is not totally honest about his/her feelings toward me.

7. I am confident in my DVR counselor's ability to help me.

8. I feel that my DVR counselor appreciates me.

9. My DVR counselor and I trust one another.

10. My relationship with my DVR counselor is very important to me.

11. I have the feeling that if I say or do the wrong things, my DVR counselor will stop working with me.

12. I feel my DVR counselor cares about me even when I do things that he/he does not approve of. (p. 226)

These were answered "yes," "no," or "don't know" by selecting the proper box on the computer screen.

The final question was "What term would you like the counselor to use when referring to you?" Choices listed were "patient," "client," "friend," "consumer," "customer," "ward," "protégé," "partner," "constituent," "attaché," "confidant," "dependant," and "other (specify)." The subjects selected a choice and, if appropriate, typed in a personal choice for "other." The survey, as it was presented to users, may be viewed in Appendix A.

The validity and reliability of this instrument has not been established. However, the 12 questions regarding user-counselor bond were taken directly from the WAI client form. Studies on the WAI indicate more testing must be done to establish its validity and reliability. Its face validity is generally considered good.

*Data Collection*

A website was developed for access to the questionnaire. Responses were collected for a six week period from 4/15/05 to 6/1/05. A total of 24 users of disability services responded to the survey.

*Data Analysis*

Answers to the questions were analyzed as a percentage of total responses.

*Limitations*

Limitations of the methodology were the inability to access the entire population of users of the rehabilitation counseling system, the inability to assure random selection of respondents, and the inability to assure full compliance to survey administration procedures. Limitations also include the fact that only one counselor queried the users of the services.

The number of participants, 24, was small. Standard practices suggest a greater number of participants for a research study. Also, the sample population was limited to University of Wisconsin – Stout students. The survey would have been more representative of the users of the rehabilitation counseling industry if it had included all users of public and private sector rehabilitation counseling. University students are expected to function at a higher than average literacy level since they have fulfilled requirements for admission to a university. Therefore, university students would have a broader vocabulary than the entire rehabilitation counseling user population and likely be more specific in terminology.

The demographics of that sample were also not representative of the population as a whole. There were more male than female respondents (58.3% versus 42.7%). A representative sample would approach a statistically even distribution (50% versus 50%). Otherwise, a representative sample could be determined from the statistical ratio of males versus females using vocational rehabilitation services. It is known that more males use rehabilitation counseling due to job injury and physical demand of occupation.

The age range of this sample is also not representative of the rehabilitation counseling user population as a whole. While the population of this study seemed representative of a

university population (the majority in the 18-24 year old age range), it did not reflect the rehabilitation counseling user population which is primarily older (40-65 year old age range).

All respondents of this sample also identified their ethnicity as white. The study should more closely reflect the ethnic mixture of users of the rehabilitation counseling system. Disability population by percentage of the total population of the United States by ethnic identification was 14.7% White, 2.7% Black, .4% Asian/Pacific Islander, and 1.5% Hispanic. (United States Census Bureau, 2004)

The online computer survey allowed more than one response per question. Hence, the excessive response numbers for questions six, 12, and 16.

# Chapter IV: Results

In order to determine if users of rehabilitation counseling perceived a significant relationship with their counselors, an online survey was developed to seek input regarding various dimensions of the rehabilitation counselor and client working alliance. This chapter will describe the results of the survey. The research objectives were to determine whether users of the DVR system perceive a relationship with their DVR counselors and the term that users of the system prefer to be referred to (consumer vs. client).

Users of the Student Disability Services at University of Wisconsin Stout were asked by email to participate in the survey. The survey consisted of three demographic questions, 12 questions regarding user/counselor bond taken from the Working Alliance Inventory (WAI) questionnaire, and one question that offered a list of 12 possible terms respondents could choose. Respondents could also submit their own term in the last question. The survey was available online from 4/15/05 to 6/1/05.

## *Demographics*

Twenty four respondents completed the survey. The first three questions of the survey asked the respondent's gender, age range, and ethnicity. Of the students who completed the survey, 14 (58.3%) were male, and 10 (41.7%) were female. The majority of the participants were in the 18-24 age range, which is representative of their status as college students (see Table 1). Twenty four respondents (100%) identified their ethnicity as being white. No respondents identified with the American Indian or Alaskan native, Asian or Pacific Islander, Black, or Hispanic ethnicities.

Table 1

*Ages of participants*

| | Percentage | N |
|---|---|---|
| 18-24 years | 80% | 19 |
| 25-35 years | 8% | 2 |
| 36-45 years | 8% | 2 |
| 46-54 years | 4% | 1 |

*Results of Questions Regarding User/Counselor Bond*

The next 13 questions asked about the respondents' relationships with their counselors. In response to the question "I feel uncomfortable with my counselor," the majority of the participants responded "no" (see Table 2).

Table 2

*I feel uncomfortable with my counselor*

| | Percentage | N |
|---|---|---|
| Yes | 33.3% | 8 |
| No | 58.3% | 14 |
| Don't Know | 8.3% | 2 |

Item two stated "My DVR counselor and I understand each other." Most of the participants responded "yes" to this statement (see Table 3).

Table 3

*My DVR counselor and I understand each other*

| | Percentage | N |
|---|---|---|
| Yes | 75% | 18 |
| No | 16.7% | 4 |
| Don't Know | 16.7% | 4 |

In response to the question, "I believe my counselor likes me," the majority of the participants answered "yes" (see Table 3). The investigator speculated that one participant answered this question twice since there were 25 responses for this question and only 24 participants.

Table 4

*I believe my counselor likes me*

| | Percentage | N |
|---|---|---|
| Yes | 70.8% | 17 |
| No | 4.2% | 1 |
| Don't Know | 29.2% | 7 |

Item four stated, "I believe my counselor is genuinely concerned for my welfare." the majority of the participants chose "yes" as their response (see Table 4).

Table 5

*I believe my counselor is genuinely concerned for my welfare*

| | Percentage | N |
|---|---|---|
| Yes | 70.8% | 17 |
| No | 8.3% | 2 |
| Don't Know | 20.8% | 5 |

Table 6 shows results for item five, which stated "My DVR counselor and I respect each other." This item had the most "yes" responses of any item on the survey.

Table 6

*My DVR counselor and I respect each other*

| | Percentage | N |
|---|---|---|
| Yes | 83.3% | 20 |
| No | 8.3% | 2 |
| Don't Know | 8.3% | 2 |

In response to the question, "I feel my counselor is not totally honest about his/her feelings toward me," the same number of participants chose "yes" and "don't know"; fewer chose "no" as their response (see Table 7).

Table 7

*I feel that my DVR counselor is not totally honest about his/her feelings toward me*

| | Percentage | N |
|---|---|---|
| Yes | 41.7% | 10 |
| No | 16.7% | 4 |
| Don't Know | 41.7% | 10 |

Item 7 stated "I am confident in my counselor's ability to help me." The majority of participants chose "yes" as their answer (see Table 8).

Table 8

*I am confident in my counselor's ability to help me*

| | Percentage | N |
|---|---|---|
| Yes | 58.3% | 14 |
| No | 20.8% | 5 |
| Don't Know | 20.8% | 5 |

In response to the question, "I feel that my counselor appreciates me," most of the participants again chose "yes" as their response (see Table 9).

Table 9

*I feel that my counselor appreciates me*

| | Percentage | N |
|---|---|---|
| Yes | 70.8% | 17 |
| No | 12.5% | 3 |
| Don't Know | 16.7% | 4 |

Item 9 stated "My counselor and I trust one another." Again, the majority chose "yes" as their answer (see Table 10).

Table 10

*My counselor and I trust one another*

| | Percentage | N |
|---|---|---|
| Yes | 70.8% | 17 |
| No | 16.7% | 4 |
| Don't Know | 16.7% | 4 |

In response to the question, "My relationship with my counselor is very important to me," most participants again answered "yes" (see Table 11).

Table 11

*My relationship with my counselor is very important to me*

| | Percentage | N |
|---|---|---|
| Yes | 66.7% | 16 |
| No | 20.8% | 5 |
| Don't Know | 12.5% | 3 |

In response to the question "I have the feeling that if I say or do the wrong things, my counselor will stop working with me," most of the participants chose "no" as their answer (see Table 11).

Table 12

*I have the feeling that if I say or do the wrong things, my DVR counselor will stop working with me*

| | Percentage | N |
|---|---|---|
| Yes | 20.8% | 5 |
| No | 62.5% | 15 |
| Don't Know | 16.7% | 4 |

In response to the question "I feel my counselor cares about me even when I do things that he/she does not approve of," most of the participants chose "don't know" as their answer (see Table 12). Only two participants chose "no."

Table 13

*I feel my counselor cares about me even when I do things that he/she does not approve of*

| | Percentage | N |
|---|---|---|
| Yes | 37.5% | 9 |
| No | 8.3% | 2 |
| Don't Know | 54.2% | 13 |

In response to the question "What term would you like the counselor to use when referring to you?" half of the chosen responses were "client" (see Table 13). The next most chosen response was "friend." Three participants chose "consumer." No one selected "ward," "protégé," "attaché," "confidant," or "dependent." Three respondents chose to write in a choice under "other." One wrote in "my name" and two wrote in "student." The number of responses for this question totals 28; numerous respondents selected more than one answer.

Table 14

*What term would you like the counselor to use when referring to you?*

| | Percentage | N |
|---|---|---|
| Client | 50% | 12 |
| Friend | 33.3% | 8 |
| Consumer | 12.5% | 3 |
| Student | 8.3% | 2 |
| Patient | 4.2% | 1 |
| Customer | 4.2% | 1 |
| My Name | 4.2% | 1 |

*Limitations*

This investigation had a number of limitations. The number of survey participants was small. There were 24 survey respondents. Standard psychometric practices suggest a greater number of participants for a quantitative study.

Also, the sample population was limited to university students using disability support services at the University of Wisconsin - Stout. This is not a representative sample of users of the rehabilitation counseling system. The sample surveyed would have been more representative if it had included all users of both public and private sector rehabilitation counseling. University students are expected to function at a higher than average literary level, hence, university admission requirements in reading, writing, and vocabulary. Therefore, university students

would have a broader vocabulary than the rehabilitation counseling user population as a whole and tend to be more specific in terminology.

The demographics of the sample were not representative of the user of rehabilitation counseling system population. Data was gathered regarding gender, age range, and ethnic identification. There were more male than female survey respondents (58.3% versus 42.7%). A representative sample would approach a statistically even distribution (50% versus 50%). It is known more males use Rehabilitation Counseling due to the increased physical demands of their jobs and the severity and type of disabling injury. Or a representative sample could be determined from the statistical ratio of males versus females with disability. U.S. Census statistics indicated females with disabilities constituted 10.5% of the total population of the United States, while the male population with disabilities made up 9% of the total population. This approached an even distribution between genders. These statistics were not limited to the generally accepted working age range of 16 to 67 year old, which would be the age range limits for users of the rehabilitation counseling system. Demographic data regarding gender gathered by RSA and the private sector would determine the precise ration of users.

The age range of this sample could not be considered representative of the rehabilitation counseling user population. While the population of this study seemed representative of a university population (the majority in the 18-24 age range) it did not reflect the rehabilitation counseling user population which is primarily older (40- 65). Although precise demographic statistics for users of the rehabilitation counseling system are not readily available, the U.S. census Bureau lists the prevalence of disability within populations by age range. This investigator calculated from the statistics that disability as a percentage of the total United States population was 1.5% in the 15 to 24 year old range, 4.2% in the 25 to 44 year old range, 2.8% in

the 45 to 54 year old range, 2.8% in the 55 to 64 year old range and 1.6% in the 65 to 69 year old range. Age range data gathered on users of the public and private rehabilitation counseling system would confirm user ratios.

All respondents of this sample identified their ethnicity as white. The study should more closely reflect the ethnic mixture of users of the rehabilitation counseling industry. Disability population by percentage of the total population of the United States by ethnic identification was 14.7% White, 2.7% Black, .4% Asian/Pacific Islander, and 1.5% Hispanic. (United States Census Bureau, 2004)

Another limitation of the survey was in the area of response collection. The online computer survey allowed more than one response per question. Hence, the excessive response numbers for questions 6, 12, and 16. Future surveys should be designed to prevent the respondent from choosing multiple replies.

# Chapter V: Discussion

One of the primary research questions answered by this survey was whether or not a relationship (bond, working alliance) exists between the user of the rehabilitation counseling industry and the counselor. One can ascertain a working alliance exists by noting the positive majority response to statements regarding characteristics of the relationship and qualities perceived in the counselor. The core qualities of the therapeutic alliance stated previously in Rubin and Roessler (2001) were empathy, concreteness, genuineness, and respect. Additional qualities were the characteristics of ethical behavior mandated by the CRCC Code of Ethics for Rehabilitation Counselors. These were autonomy, beneficence, nonmaleficence, justice, and fidelity. If one notes the user perceives these characteristics and qualities in the counseling relationship one may assume there is, indeed, a significant, complex working relationship and not just a simple businesslike transaction. Finally, other qualities users desired in a counselor were listed by McCarthy and Leirer (2001). These were understanding, nice and kind, nonjudgmental, mentor caring, supportive, empathy not pity or sympathy, relaxed attitude and willing to be a friend.

This chapter will examine the responses to questions four through 16 of the research survey. As stated in the counterpoints table in this discussion (Appendix B), a customer or consumer would not expect or require the qualities listed above in an uncomplicated purchasing relationship. A rehabilitation counseling user referred to as a "consumer" might expect competition and mistrust because the seller's primary interest is to close the deal. However, the rehabilitation counseling user as "client" would both expect and require such qualities in order to set therapeutic goals and to perform the tasks necessary to progress through the rehabilitation process.

A majority or respondents (58.3%) for question one stated they felt no discomfort with their counselor. This is one of the initial tasks of the counselor. The counselor must create a milieu of empathy, trust and comfort for the user in order to facilitate unreserved expression of thoughts and feelings. One may assume that the user perceives respect and empathy from the counselor by the response to this question.

Seventy five percent of respondents answered "yes" to item two: "My counselor and I understand each other." The characteristic of understanding was stated in McCarthy and Leirer (2001) as one of the qualities the user would like to see in the counselor. This also indicates the user perceives a concrete basis of communication with the counselor. The user is able to communicate ideas and thoughts with the counselor in working up tasks and goals to progress through in the four phases of the rehabilitation process: (a) evaluation, (b) planning, (c) treatment, and (d) termination (Rubin & Roessler, 2001).

The majority of respondents (70.8%) taking the survey answered yes to item three, "I believe my counselor likes me." An affirmative response to this question indicated perceived qualities of respect, genuineness, loyalty, fidelity, and a willingness to be a friend. A similar majority of positive responses (70.8%) was seen for question four, "I believe my counselor is genuinely concerned for my welfare," reflecting the qualities of genuineness, beneficence, respect, supportive, and mentor caring. The majority of affirmative responses for question five, "My counselor and I respect each other," indicates the counselor was perceived as having the quality of respect.

The phrasing the statement "I feel that my counselor is not totally honest about his/her feelings toward me," required a "no" answer to indicate the qualities of genuineness and concreteness were present in the counseling relationship. A total of 41.7% of the respondents

answered "no." Another 41.7% of the respondents answered "don't know." This may indicate confusion on the part of the survey respondents as all other questions did not contain the negatively stated phrase "not totally honest" in the question. Future use of this question in the WAI survey may be tested for validity.

A total of 58.3% of the responses were "yes" to question seven, "I am confident in my counselor's ability to help me." While one can not infer any specific quality or characteristic of the counselor previously stated considering this majority response, it did indicate a trust in the ability of the counselor to provide beneficial services. This question could then be construed as indicating beneficence as a quality of the rehabilitation counselor.

Item eight stated "I feel my counselor appreciates me." A majority (70.8%) of respondents chose "yes" as their response. One may assume the core counseling quality of respect on the part of the counselor if the user perceives appreciation. Item nine states," My counselor and I trust one another." A total of 70.8% answered "yes." This indicates the quality of respect is perceived on the part of the user. This also indicates fidelity on the part of the counselor. The user perceives the counselor is loyal, honest and keeps promises.

In question ten we find a majority of positive responses (66.7%) to the statement, "My relationship with my counselor is very important to me." While difficult to ascribe any individual distinct quality to a positive response for this question, one could say this indicates a supportive, mentor/caring attitude perceived by the user.

This working alliance is also reinforced by the answer to question eleven. The majority of respondents (62.5%) answered affirmatively to the statement, "I have the feeling that if I say or do the wrong things, my counselor will stop working with me." This reinforces that autonomy, beneficence, and nonmaleficence is perceived by the user in the working alliance. The counselor

does not sit in judgment, but is available to explore the efficacy of various paths of action in the counseling process. It also reinforces the quality of fidelity on the part of the counselor. Any action has consequences. The counselor assesses the outcome along with the user to decide if the outcome of the action was desirable and what future action may amend undesirable circumstances.

Finally, for the section of the survey with questions regarding the working alliance, one sees uncertainty on the part of the user. A majority of 54.2% of respondents answered "don't know" to the statement, "I feel my counselor cares about me even when I do things that he/she does not approve of." The counselor in this instance may consider reinforcing the supportive quality of the working alliance.

The final question of the survey is concerned with the other research question, "Do users of the rehabilitation counseling system have a preference for the term used to indicate users of the system?" Half the respondents to this question (50%) chose the term "client." A total of 33% chose the term "friend," and 20.85% indicated partner as preferred term. Only 12.5% of respondents chose "consumer." This indicates a definite preference for the use of the term "client."

*Conclusions*

After reviewing the results of the survey one can see that the users of the rehabilitation counseling system perceive a working relationship with their counselors. The responses to most of the questions clearly indicate the qualities suggested of a counselor are present or expected to be present in the counseling relationship.

By evaluating the response to the question asking about preferred terminology, one can conclude that users of the rehabilitation counseling system definitely do have a preference in

what term is used to describe them; the majority of respondents chose "client" for the preferred term. One could conclude this is the term rehabilitation counselors should use to refer to the users of the rehabilitation counseling system.

*Recommendations*

Due to the limitations of this research it is recommended subsequent research on preferred terminology be performed. Initially this research was designed to be facilitated by the state of Wisconsin DVR. Due to fiscal constraints the state of Wisconsin DVR was not able to facilitate administration of the survey.

The sample in this research was quite small in respect to the entire population. A regional or statewide survey administration would provide a larger, more representative sample of the users of the rehabilitation counseling system. All the respondents in this research were university students. A statewide or regional survey would include high school transition students, persons with developmental disabilities and a wide range of persons with varying ethnic identification, age range and academic achievement representative of the population of users of the rehabilitation counseling system.

The Department of Education, Office of Special Education and Rehabilitation, Rehabilitation Services Administration should collect data on those served by the rehabilitation counseling system. This data could reflect ethnic identification, age range, gender, academic achievement, occupation prior to disability and any other type of demographic which could be used if future research. The private sector could also collect and distribute this data. This researcher did not find this data readily available.

As a result of this study, this researcher recommends the institution of the term client for users of the rehabilitation counseling system. The use of the term should be initiated with

rehabilitation counselors in training at the undergraduate level. Current users of other terminology could study the results of this survey and decide what term should be used for users of the rehabilitation counseling system. The advice was given in the literature review of this survey when the researchers stated, "If you are not sure, just ask the user!"

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# Appendix A: Participant Questionnaire

Please answer the following questions by clicking on response.

A. Gender: male female

B. Age range: 18-24 25-35 36-45 46-55 56-67 68+

C. Ethnicity: American Indian or Alaskan Native
Asian or Pacific Islander
Black
Hispanic
White

| | | | | |
|---|---|---|---|---|
| 1. | I feel uncomfortable with my DVR counselor. | Yes | No | Don't Know |
| 2. | My DVR counselor and I understand each other. | Yes | No | Don't Know |
| 3. | I believe my DVR counselor likes me. | Yes | No | Don't Know |
| 4. | I believe my DVR counselor is genuinely concerned for my welfare. | Yes | No | Don't Know |
| 5. | My DVR counselor and I respect each other. | Yes | No | Don't Know |
| 6. | I feel that my DVR counselor is not totally honest about his/her feelings toward me. | Yes | No | Don't Know |
| 7. | I am confident in my DVR counselor's ability to help me. | Yes | No | Don't Know |
| 8. | I feel that my DVR counselor appreciates me. | Yes | No | Don't Know |
| 9. | My DVR counselor and I trust one another. | Yes | No | Don't Know |
| 10. | My relationship with my DVR counselor is very important to me. | Yes | No | Don't Know |
| 11. | I have the feeling that if I say or do the wrong things, my DVR counselor will stop working with me. | Yes | No | Don't Know |

12. I feel my DVR counselor cares about me even when I do things that he/she does not approve of. Yes No Don't Know

13. What term would you like the counselor to use when referring to you? -

Consumer

Customer

Client

Patient

Friend

Ward

Protégé

Partner

Constituent

Attaché

Confidant

Dependant

Other (specify) _____

Appendix B: Contrast of Relationship Inferred by Term Usage

| | **Consumer** | **Client** |
|---|---|---|
| A | Buyer | Receives Professional Services |
| B | (Relationship)<br>Competition and Mistrust<br>(Best Deal) | Working Alliance<br>Client's Welfare is #1 |
| C | Implies a Market Place<br>Kmart vs Wal Mart | No choices or few<br>Client is not always correct in choices |
| D | Market<br>Kmart vs Wal Mart | Rehabilitation Counselor is bound by code of ethics to provide individually tailored service based on professional assessment.<br>Example: Psychotherapy with HMO<br>Long Term vs 10 visits |
| E | An example: Doctors as "providers"<br>"Enterprising"<br>Bottom line - profits | Counselors as "helpers"<br>Vs "helping"<br>Best interest of client. |