

Vocational Rehabilitation Counseling in the United States

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RESUMEN

El presente documento analiza la consejería en rehabilitación en los Estados Unidos. Proporciona una visión general del sistema público de rehabilitación vocacional, incluyendo su historia, marco legal, y el perfil de su actual funcionamiento. Se discuten las lecciones aprendidas en el primer siglo de existencia del sistema, así como la versatilidad de la profesión. Por último, la discusión ofrece un adelanto del futuro de la rehabilitación vocacional en los Estados Unidos al delinear algunos temas emergentes en el horizonte. Se requiere esfuerzos adicionales de investigación con el fin de conocer las áreas de alto y bajo rendimiento en el sistema público de rehabilitación vocacional, y se debe prestar especial atención a su adaptación antes que los responsables políticos de otros países adopten un modelo similar.

ABSTRACT

This paper discusses rehabilitation counseling in the United States. It provides an overview of the public vocational rehabilitation system (public VR), including its history, legal framework, and current operational profile. Lessons learned in the first century of the system's existence are discussed, as is the versatility of the profession. Finally, the discussion provides a preview of the future of vocational rehabilitation in the United States by outlining some emerging themes on the horizon. Additional research efforts are required in order to ascertain the high and low areas of performance in the VR system, and careful thought should be given to adaptation before policy makers in other countries adopt a similar model.

PALABRAS CLAVE: Consejería en rehabilitación; Rehabilitación vocacional; Leyes de discapacidad en EE. UU.

KEYWORDS: Rehabilitation counseling; Vocational rehabilitation; US disability laws

Work is a central activity in our lives, and a fundamental need among individuals with disabilities, correlating positively with optimal adjustment to disability. Nevertheless, employment for this population has proved challenging, with employment rates lagging behind those of individuals without disabilities (Erickson, Lee, & von Schrader, 2010). Various measures have been tried worldwide in order to increase access of people with disabilities to the labor market, including laws and regulations, vocational rehabilitation, attitudinal change, among other interventions (World Health Organization, 2011). Employment for people with disabilities is the mission of the public vocational rehabilitation (VR) system in the United States. By and large the state-federal VR system in the United States is a publicly funded endeavor designed to link needed restorative human services with individuals who have disabilities for the purpose of maximizing vocational functioning and independent living (Rubin & Roessler, 2001).

This discussion will offer an overview on rehabilitation counseling, also known as vocational rehabilitation (VR) in the United States. It will start with a detailed description of the state-federal (public) VR system in the United States, legal mandates, and how it works currently. Next, several lessons learned in the first century of VR's existence will be presented and the versatility of the rehabilitation counseling profession will be illustrated. Finally, the discussion will provide a brief glimpse into the future in terms of emerging frontiers for the profession.

PUBLIC VR SYSTEM IN THE UNITED STATES: ITS HISTORY, FUNCTIONS, AND LEGAL MANDATES

The state-federal vocational rehabilitation program or vocational state grants program is one of the oldest governmental initiative to serve people with disabilities, and one of the largest suppliers of rehabilitation services in the United States (Wheaton & Wilson, 1996), having served 1.41 million people with disabilities in fiscal year 2006, involving an expenditure of federal funds (for the same fiscal year) totaling \$2,687,168,000 , and a matching state sum of \$797,635,213 (Office of Special Education and Rehabilitative Services, 2011). This program is

available to people with disabilities nationally through its 82 state vocational rehabilitation agencies, which also includes specific programs for the blind (Fabian & MacDonald-Wilson, 2005).

The origins of the state-federal partnership to provide rehabilitation services to Americans with disabilities can be traced back to the Civilian Vocational Rehabilitation Act (Smith-Fees Act) of 1920 (Peterson & Aguiar, 2004), which subsidized 50% of the costs of state rehabilitation services for civilians with physical disabilities who were unable to work (Rubin & Roessler, 2001). These services included vocational guidance, vocational training (including home economics), occupational adjustment and job placement. Since those days, the state-federal VR program has become more inclusive and has broadened the scope of services available to clients (Patterson, Bruyère, Szymanski, & Jenkins, 2005).

REHABILITATION ACT OF 1973 AND ITS AMENDMENTS

Landmark legislation for the state-federal VR program was the Rehabilitation Act of 1973 (R.A.). Title I of the R.A. mandated that priority of services be given to people with significant disabilities, increase of clients' involvement in designing and executing rehabilitation services (e.g., in creating the Individualized Written Rehabilitation Program or IWRP), and underscored evaluation of the VR program (Rubin & Roessler, 2001). It also provided funding for seminal projects such as Client Assistance Projects (CAPs), independent living rehabilitation demonstration projects, supported employment projects, and transitional services for high school students (Peterson & Aguiar, 2004). As a result of the lobbying efforts of the disability community, civil rights provisions were included in title V of the R.A. (Rubin & Roessler, 2001), especially employment rights. Namely, equal opportunities for participation in federal programs, reasonable accommodations for qualified applicants, and affirmative action in federal recruiting and among federal contractors receiving more than \$25,000 (Peterson & Aguiar, 2004). In 1974, a more inclusive definition of persons with disabilities was included in the act, which is still in effect today. This definition contains three components: 1) having a physical or mental impairment that results in a substantial limitation in one or more major

life activities, 2) having a record of such an impairment, and 3) being regarded as having a physical or mental impairment (Rubin & Roessler, 2001).

After intense lobbying efforts and demonstrations from the Independent Living movement, especially people with severe disabilities (Rubin & Roessler, 2001), grants to provide independent living services (e.g., attendant care, advocacy) were included in the R.A. amendments of 1978 (Peterson & Aguiar, 2004). Thus, for the first time non-employment outcomes were considered legitimate outcomes of the state-federal VR program for people who are very limited in obtaining or maintaining employment but who need services to function independently in family and community settings. These amendments authorized the CAPs to help VR applicants appeal their case if they are found ineligible for services. CAPs were made permanent and mandatory state programs with the 1984 amendments (Rubin & Roessler, 2001).

The R.A. amendments of 1986 added supported employment and rehabilitation engineering as VR services (Patterson et al., 2005). The inclusion of supported employment as an alternative to employment in non-integrated settings followed after empirical evidence of success of using ongoing supports in competitive employment with people with severe disabilities (e.g., people with mental retardation, psychiatric disorders) (Degeneffe, 2000; Rusch & Hughes, 1989). Many advocates, and rehabilitation professionals considered people with severe disabilities were unnecessarily labeled as unemployable or receiving inadequate opportunities for community integration in segregated work settings, such as sheltered workshops (Patterson, Bruyère, Szymanski, & Jenkins, 2005, Rusch & Hughes, 1989).

The R.A. amendments of 1992 established the state Rehabilitation Advisory Councils (with a majority of members being people with disabilities) to guide state agencies in the implementation of the R.A., and increased the number of members with disabilities to the National Council on Disability, an advisory federal agency appointed by the President on disability matters (Rubin & Roessler, 2001). Client involvement was emphasized in different ways, the eligibility process was changed considerably; a presumption of benefit (in terms of an

employment outcome) from vocational rehabilitation services was included (Patterson et al., 2005), and it was required on the part of the rehabilitation agency to provide proof of ineligibility for services when turning down an applicant (Peterson & Aguiar, 2004). In addition, rehabilitation agencies were required to determine eligibility for services within 60 days from the time of application, and they were authorized to use existing records (e.g., school data) in this process (Patterson et al., 2005). When states cannot provide VR services to all eligible applicants, they are allowed to institute an order of selection in order to serve individuals with the most severe disabilities first, with criteria left to be developed by each state (Rubin & Roessler, 2001). Regarding the development of the IWRP, the 1992 amendments mandated documentation that the person being served made an informed choice regarding the employment goals, the services and the providers stipulated in the IWRP (Patterson et al., 2005), as well as annual IWRP reviews with the participation of the client and/or guardians to determine whether to modify the plan (Rubin & Roessler, 2001). The 1992 amendments also acknowledged that people with disabilities of ethnic and racial minorities have been traditionally underserved by the state-federal system and offered financial support to higher education institutions with minority enrollment of 50% or more for training in rehabilitation (Rubin & Roessler, 2001).

The 1998 amendments to the R.A. are included within title IV of the Workforce Investment Act (WIA), in an effort to streamline and coordinate job training programs for the U.S. workforce into a “one-stop” service delivery system. The VR system although retaining its independence, is mandated to establish formal institutional linkages with the “one-stop” system, allowing VR clients to access the general state workforce system of training and referral (Patterson et al., 2005), which includes core services (e.g., intake, labor market information), intensive services (e.g., development of an Individualized Plan for Employment, formerly known as the IWRP), and training services (e.g., Commercial Driver’s License courses) (Peterson & Aguiar, 2004). In this manner, people with disabilities in the U.S. can access a range of workforce programs available at their local workforce investment area one stop center (Rubin & Roessler, 2001). People with disabilities who do not meet

the order of selection requirements, can be referred to other partners in the local one-stop centers (Rubin & Roessler, 2001). New employment outcomes were included in these amendments: self-employment, telecommuting (i.e., jobs that allows flexibility in working location and hours), and small business development (Patterson et al., 2005). In addition, these amendments increased involvement of VR counselors in transition planning with high school students with disabilities, and underscored the importance of training and certification of state agency personnel who provide VR services, such as higher education rehabilitation programs (Peterson & Aguiar, 2004; Rubin & Roessler, 2001).

THE AMERICANS WITH DISABILITIES ACT OF 1990

Although the Americans with Disabilities Act of 1990 (ADA) does not regulate the VR system, it protects “qualified individuals with disabilities” against employment discrimination in all employment practices from private employers with 15 or more employees, state and local governments, employment agencies, and labor unions (Equal Employment Opportunity Commission, 2008). “Qualified individuals with disabilities” are those who in addition to having a physical or mental impairment that substantially limits a major life activity, or a record of such an impairment, or being regarded as having a substantially limiting impairment, meet the requirements for a job (e.g., having a specific degree), and are able to carry out the essential functions of the job description with or without reasonable accommodations (Equal Employment Opportunity Commission, 2008).

More recently, the “ADA Amendments Act of 2008” (effective January 1, 2009) changed the interpretation of several of the terms included in its definition of disability, such as expanding the definition of “major life activities” to include bodily functions, and clarifying that individuals with an impairment that are episodic or in remission that substantially limits at least one major life activity will be considered as having a disability (U.S. Access Board, n/d, Job Accommodation Network, 2011).

These modifications resulted in a broader group of individuals covered under the act (Equal Employment Opportunity Commission, 2011).

Some authors propose that the ADA may have had a positive impact in maintaining jobs for people with disabilities or preventing firing due to disability (Murdick, 1997) but had a negative effect on hiring (Burkhauser & Houtenville, 2003), especially among men with disabilities (Acemoglu & Angrist, 2001). Other alternative explanatory variables, such as decrease in manufacturing, and increase in SSA beneficiaries (Wagner, Armstrong, Fraser, Vandergoot, & Thomas, 2006) have also been proposed to account for the decrease in employment among people with disabilities when compared to the stable employment of their non-disabled counterparts since the '90s.

TICKET-TO-WORK/WORK INCENTIVE IMPROVEMENT ACT OF 1999

Another important piece of legislation that affects people with disabilities who are also Social Security Administration (SSA) beneficiaries is the 1999 Ticket-to-work/Work Incentive Improvement Act (TWWIA). This act promotes voluntary return to work for people receiving cash and other benefits from the SSA. SSA beneficiaries are issued a “ticket” to be used with pre-approved providers of vocational rehabilitation, employment or other support services chosen by the beneficiary, including but not limited to VR state agencies (Social Security Administration, 2008a). Before the TWWIA, SSA funds for return to work were mainly directed to the state-federal VR system; after this act, SSA beneficiaries can choose to use their “tickets to work” with public or private VR and employment services providers which are part of an Employment Network (Social Security Administration, 2008a). However, the number of tickets assigned to VR greatly outnumbers those of Employment Network providers in many states (Social Security Administration, 2008b).

Incentives to return to work include extended availability of health care for both SSI and SSDI recipients who work, trial work periods, income exclusions (e.g., Plan to Achieve Self-Support, Impairment Related Work Expenses), and expedited reinstatement of SSA benefits for both SSI and

SSDI recipients after benefits have stopped due to income and resources increase (Hoff, Varney, & O'Connor). The TWWIA authorized grants to disseminate these incentives, provide information on how SSA benefits will be affected by the beneficiaries' work, and other related topics through local Work Incentives Planning and Assistance (WIPA) Program centers (Social Security Administration, 2008c).

ORGANIZATION OF THE STATE-FEDERAL VOCATIONAL REHABILITATION SYSTEM

The state-federal VR program is administered by the Rehabilitation Services Administration (RSA) in the Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education. In addition, RSA administers other six employment programs (e.g., Projects With Industry) but the largest one is the Vocational Rehabilitation Services program (Office of Special Education and Rehabilitative Services, 2011). RSA provides fiscal resources, training, and coordination with other Federal, state and private sector agencies, as well as grant assistance and monitoring to state VR agencies (Office of Special Education and Rehabilitative Services). States have to submit a plan for vocational rehabilitation services yearly to participate in the VR services program, and other programs authorized by the R.A and its amendments.

The VR program is funded from contributions of the federal government and the states. The federal funding share is determined in each reauthorization of the R.A., and it is currently 78.7 percent of the program's costs (Office of Special Education and Rehabilitative Services, 2011). VR services are managed by state VR agencies according to the legal mandates established in the R.A., its amendments, related rules and regulations set by the Department of Education (e.g., 34 Code of Federal Regulations Part 361), and other policy guidelines (Hayward & Schmidt-Davis, 2003). The majority of states are organized in a three-tiered structure, with a central office mainly concerned with management and administrative tasks, and regional and local or field offices, where direct service delivery staff and administrative personnel are located (Hayward & Schmidt-Davis, 2003).

The goal of state VR agencies, consistent with the R.A. of 1973 as amended, is to “provide VR services to eligible individuals with disabilities so that they may achieve an employment outcome that is consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice” (Office of Special Education and Rehabilitative Services, 2011). To achieve this goal without duplication of efforts or service gaps, state VR agencies collaborate with other public and private agencies within a coordinated workforce investment service delivery system, as mandated by the R.A. as amended (Office of Special Education and Rehabilitative Services). State agencies can be direct service providers or can procure services from providers, such as public or private community rehabilitation programs, One-stop employment centers, and other sources (Brabham, Mandeville, & Koch, 1998). Responsibilities of states’ VR agencies include determination of eligibility for services for VR applicants, planning, and implementation of the Individualized Plan for Employment (IPE) (Hayward & Schmidt-Davis, 2003).

VOCATIONAL REHABILITATION PROCESS

The VR system provides services to people with a wide spectrum of physical, emotional/behavioral, and cognitive disabilities, including the most recent addition of youth with disabilities in transition from school to work. People with disabilities can self-refer to the state-federal VR program, or can be referred by community agencies (e.g., schools, welfare agencies) (Brabham, Mandeville, & Koch, 1998). The process of vocational rehabilitation consists of different phases: evaluation or intake (Rubin & Roessler, 2001; Walls, 2001), planning (Rubin & Roessler, 2001), treatment or intervention (Rubin & Roessler, 2001; Walls, 2001), and termination/placement or outcome (Rubin & Roessler, 2001; Walls, 2001). The sequence of phases is not fixed, clients in a supported employment program can be placed first, then assessed and trained on the job (Rubin & Roessler, 2001).

EVALUATION PHASE

Before an individual can obtain services from a state VR agency, a VR counselor has to conduct an assessment to determine eligibility, and the

individual's priority for services if the state is operating under an order of selection, on a case- by-case basis (Brabham, Mandeville, & Koch, 1998, U.S. Code of Federal Regulations 34 § 361.42, 2006). People with the most severe disabilities have priority for services, and federal statutes prohibit considerations such as age, gender, race, color, or national origin of the applicant, type of disability or expected employment outcome; anticipated need or cost of VR services, income level, or source of referral be taken into account in the order of selection (U.S. Code of Federal Regulations 34 § 361.36, 2006). Each state has to describe and justify their order of selection criteria in their state plans, and then be approved by the RSA (U.S. Code of Federal Regulations 34 § 361.36, 2006). If the applicant is eligible but the disability is not severe enough to entitle the person to receive services under a state's order of selection, the counselor has to consult with the individual or the individual's representative, inform the person about their right to appeal the ineligibility decision at the Client Assistance Program, and provide information and referral to other programs before closing the case (U.S. Code of Federal Regulations 34 § 361.43, 2010).

Eligibility requirements for VR services are described in the U.S. Code of Federal Regulations (U.S. Code of Federal Regulations 34 § 361.42, 2006):

“(i) A determination by qualified personnel that the applicant has a physical or mental impairment.

(ii) A determination by qualified personnel that the applicant's physical or mental impairment constitutes or results in a substantial impediment to employment for the applicant.

(iii) A determination by a qualified vocational rehabilitation counselor employed by the designated State unit that the applicant requires vocational rehabilitation services to prepare for, secure, retain, or regain employment consistent with the applicant's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

(iv) A presumption [...] that the applicant can benefit in terms of an employment outcome from the provision of vocational rehabilitation services.”

Generally, applicants are presumed to benefit from VR services in terms

of employment outcomes except when the state agency can “demonstrate by clear and convincing evidence that such individual is incapable of benefiting in terms of an employment outcome from vocational rehabilitation services due to the severity of the disability of the individual” (U.S. Code 29 § 722, 2011). Applicants who are SSDI or SSI recipients are automatically presumed eligible for VR services and considered individuals with a “significant disability” by state VR agencies (U.S. Code of Federal Regulations 34 § 361.42, 2006). Before rejecting an applicant for services, the agency is mandated to use trial work experiences with adequate supports, and of length and variety that would prove that the individual could not benefit from VR services (U.S. Code 29 § 722, 2011). Once the person has been determined eligible for VR services and meets the order of selection, the applicant is referred to as client, or more recently, customer of VR services. The eligibility determination period is 60 days from the time of application for services (U.S. Code of Federal Regulations 34 § 361.41, 2010), unless the applicant is in a trial work experience, and extensions are possible if the applicant consents (U.S. Code 29 § 722, 2011).

The evaluation phase helps to determine the type and range of services likely needed for the applicant to achieve an employment outcome (Rehabilitation Service Administration, 2006). This frequently requires a comprehensive assessment, which may include medical evaluation, vocational evaluation, and trial work experiences (Rubin & Roessler, 2001). The Longitudinal Study of the Vocational Rehabilitation Services Program (LSVRSP), a in-depth study to evaluate the performance of the state-federal system, found that VR counselors spend approximately 13.7% of their time in eligibility determination activities (Hayward & Schmidt-Davis, 2003).

INDIVIDUALIZED PLAN FOR EMPLOYMENT

Based on the results of the evaluation phase, counselor and client work together to determine an employment outcome “consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual” served (U.S. Code 29 § 723, 2010) , and to plan the vocational rehabilitation services needed to achieve it. These activities are organized in a plan of services tailored to the client, or

Individualized Employment Plan (IPE), which is jointly signed by the client or representative and the counselor. IPEs are reviewed once a year at minimum, and can be amended by the customer in collaboration with the VR counselor (U.S. Code 29 § 722, 2010).

The IPE states long-term vocational goals, short-term objectives, expected outcomes, rights and responsibilities of counselor and client, services to be provided with estimated dates (including post-employment services), cost participation of the client (if any) (Brabham, Mandeville, & Koch, 1998). Several authors have pointed out the importance of adopting a career perspective in the development and implementing of the IPE (Rubin & Roessler, 2001; Rumrill & Roessler, 1999; Szymanski & Hershenson, 2005). This would ensure that the vocational goal defined in the plan takes into consideration clients' career aspirations, which can make the difference between a series of short-lived jobs, and quality employment outcome for people with disabilities. State agencies are mandated to establish regulations that ensure clients can exercise informed choices in selecting their employment outcome, services, service provider, settings, and methods for purchasing the services (U.S. Code 29 § 722, 2010). VR counselors use approximately 14% of their time in IPE development (Hayward & Schmidt-Davis, 2003).

SERVICE DELIVERY

The service delivery phase of the vocational rehabilitation process is carried out by field VR counselors, who are in charge of obtaining and coordinating the different rehabilitation services described in the IPE (Rubin & Roessler, 2001). Services can be provided directly by the VR counselor, purchased from qualified vendors (e.g. public community rehabilitation programs), or coordinated with other agencies (Brabham, Mandeville, & Koch, 1998), but the responsibility for services remains with the VR counselor. The number, duration, and cost of services provided to VR consumers depend on factors such as the rehabilitation needs of each client, and the agency's available resources. Some services are aimed at increasing or restoring clients' knowledge or skills, while others target removal of barriers for employment.

The R.A. as amended, and federal regulations authorize a broad scope of rehabilitation services, including assessment (to determine eligibility and vocational needs, discussed in previous section), counseling and guidance, referral, job-related services, vocational and other training services, diagnosis and treatment of physical and mental impairments, maintenance, transportation, on the job or other personal assistance services, interpreter services, rehabilitation teaching services, and orientation and mobility services, for individuals who are blind; occupational licenses, tools, equipment, and initial stocks and supplies; technical assistance and other consultation services “to eligible individuals who are pursuing self-employment or telecommuting or establishing a small business operation as an employment outcome”; rehabilitation technology (telecommunications, sensory, and other technological aids), transition services for students with disabilities; supported employment services; “services to the family of an individual with a disability necessary to assist the individual to achieve an employment outcome”; and “specific post-employment services necessary to assist an individual with a disability to, retain, regain, or advance in employment” (U.S. Code 29 § 723, 2010) .

PLACEMENT

The next phase in the vocational rehabilitation process is placement. Job placement involves adequately matching clients to jobs (Brabham, Mandeville, & Koch, 1998), a basic concept which guides the provision of state-federal VR services. This concept, as applied to the vocational rehabilitation domain, was born from the seminal Work Adjustment Project, led by Dawis and Lofquist at the University of Minnesota in the early 1960's (Dawis, 1996). Work Adjustment can be defined as the dynamic and continuous process by which a worker strives to achieve and preserve correspondence with the work environment (Lynch & Maki, 1981). The Theory of Work Adjustment (currently, Person-Environment-Correspondence theory) states that job tenure can be predicted from two constructs: the person's “satisfaction” with a job, and the person's “satisfactoriness in satisfying the work environment demands (e.g., productivity). These in turn, are predicted from the degree of correspondence between individual and environment” (Dawis, 1996).

Instruments to measure both aspects were created (e.g., Minnesota Satisfaction Questionnaire), and are still used in vocational assessment today. According to this theory, to make a good match the VR counselor has to take into consideration the extent of the fit between client's traits (e.g., vocational interests, cognitive abilities), and the requirements of potential jobs (e.g., ability requirements) (Szymanski, Enright, Hershenson, & Ettinger, 2003).

To help people with disabilities stay employed, Roessler (2002) suggested that the vocational counselor should not only address client job- fit but also the issues of career maturity and problem solving skills applied to work.

V.R. JOB PLACEMENT AND JOB DEVELOPMENT SERVICE DELIVERY MODELS

Vocational Rehabilitation counselors use different job placement and development service delivery models. The choice of placement activity depends on the needs the client served (Rubin & Roessler, 2001), and the VR agency's focus and values regarding the importance of placement (Gilbride & Stensrud, 2003). VR agencies frequently use a combination of placement models and techniques (Gilbride, 2000). These models can be classified into direct placement, placement utilization of specialized professionals, contracted services, and supported employment (Gilbride & Stensrud, 2003). Empirical data on these models is scarce except for supported employment (Stensrud & Gilbride, 2004).

Direct placement refers to placement services provided by VR counselors, such as job-seeking skills, and contacting employers for job leads (Stensrud & Gilbride, 2004). This model may be more appropriate when counselors have small, homogeneous case loads, they have training in placement techniques, and there are few services and employers in the area (Stensrud & Gilbride). The state-federal VR system has traditionally seen placement as the conclusion of vocational rehabilitation services (Gilbride & Stensrud, 1992). RSA has set standards for employment outcomes on state VR agencies (Office of Special Education and Rehabilitative Services, 2011), and state agencies in turn, establish a target number of clients to be placed in employment per counselor (Gilbride & Stensrud, 1992). A survey of state VR agencies administrators

revealed that approximately 50% of placement services are provided directly by VR counselors (Gilbride, 2000). Regardless of whether the provider of job placement services is a VR counselor or another professional, the responsibility for the outcome remains with the VR counselor (Brabham, Mandeville, & Koch, 1998).

The use of placement professionals has grown as the state-federal system increasingly serves clients with more significant disabilities. These specialized professionals are sometimes called placement specialists. Many state VR agencies count on placement staff specialized in clients with specific disabilities, such as mental illness, and substance abuse (Gilbride, 2000). Services provided by placement specialists include job clubs, job seeking skills training, and employer development activities (Gilbride & Stensrud, 1992). Gilbride (2000) reported that specialized professionals provide 20% of all placement activities. The Longitudinal Study of the Vocational Rehabilitation Services Program (LSVRSP) found that 32.8% of VR clients received employment-related services, and VR counselors spent approximately 11% of their time (18.5 hours per month) in job development and placement activities (Hayward & Schmidt-Davis, 2003).

As the state-federal VR system increasingly serves clients with more significant disabilities, agencies have contracted services to outside vendors (Ford, 1999). These can be nonprofit agencies, for-profit agencies, individuals, or Projects With Industry (PWI). PWI is a separate discretionary grant employment program authorized under the R.A. (Office of Special Education and Rehabilitative Services, 2011), which funds organizations administered by Business Advisory Councils (i.e., private industry representatives, people with disabilities, and VR representatives), and utilizes placement specialists whose time is spent mostly in job development and placement related activities (Fraser, 1999). Approximately 28% of placement activities are outsourced to non-VR agencies, mainly nonprofit organizations (Gilbride, 2000).

The supported employment model was incorporated into the state-

federal VR program in title VI of the R.A. amendments of 1986 (Hanley-Maxwell, Owens-Johnson, & Fabian, 2003). The Supported Employment Services Program (SE) is a state formula employment grant program administered by RSA. In order to obtain supported employment funds, states have to submit a plan supplement together with their state VR plans.

Supported employment follows a “place-then-train” approach to service delivery, especially effective for people with the most significant disabilities (Stensrud & Gilbride, 2004). Instead of emphasizing preparatory job placement activities (e.g., workshop training), the focus of supported employment is on securing jobs for people with disabilities, using ongoing supports (e.g., on-site job coach, follow up visits, natural supports), and post-placement training to enhance job tenure in an integrated environment (Gilbride & Stensrud, 2003). Supported employment core characteristics are competitive employment (competitive community jobs for typical wages), integrated settings, and provision of continued supports for people with severe disabilities (Hanley-Maxwell, Owens-Johnson, & Fabian, 2003).

Supported employment is intended for people with disability with ongoing support needs, intensive support service needs, or “for whom competitive employment has not traditionally occurred or for whom competitive employment has been interrupted or intermittent as a result of a significant disability” (U.S. Code of Federal Regulations 34 § 361.53, 2002). This model has been applied successfully to people with mental retardation, significant physical disabilities, traumatic brain injury (Wehman et al., 2000), and psychiatric disabilities (Cook & O'Day, 2006). There are group and individual models of supported employment (Hanley-Maxwell, Owens-Johnson, & Fabian, 2003). Group models include enclave and mobile crew, whereas individual placement models include primary service provider (employment specialist), and consultant (natural supports in the workplace) (Hanley-Maxwell, Owens-Johnson, & Fabian).

Although supported employment has been proven cost-efficient and

effective (Conley, Rusch, McCaughrin, & Tines, 1989; Cook & O'Day, 2006; Revell, Kregel, Wehman, & Bond, 2000; Wehman et al., 2003), the funding of long-term ongoing supports has proven problematic (Rogan, Novak, Mank, & Martin, 2002). State VR agencies provide up to 18 months of supported employment services (unless stated otherwise on the IPE) for the purpose of job stabilization. Cost of these time-limited supported employment services is provided by the VR system under title VI and I grant funds. After this transitional period from supported employment is over, state VR agencies have to procure monies from external sources to fund extended supported employment for clients with most significant disabilities who need ongoing support services (Office of Special Education and Rehabilitative Services, 2011). Potential and relatively untapped sources of funding, especially for extended employment include Medicaid Home and Community Based Services (HSB) waiver (Rogan, Novak, Mank, & Martin), collaboration with SSA Program to Achieve Self-Sufficiency (PASS), Impairment Related Work Expenses (IRWE), Ticket to Work, and Temporary Assistance to Needy Families (TANF) (Revell, Kregel, Wehman, & Bond, 2000).

Community rehabilitation programs are major providers of supported employment services (Ford, 1999). A survey of state VR agencies administrators found that 14.2% of placement services offered in general VR agencies were supported employment services, and vendors provided 81.3% of these (Gilbride, 2000). Federal funding for supported employment services program totaled \$29,700,000 in fiscal year 2006 (Office of Special Education and Rehabilitative Services, 2011).

All the models presented emphasize the supply side of the labor market (the VR client) (Gilbride & Stensrud, 1992). As American public policy shifts towards performance-based funding, a change of focus in the VR system from preparing people with disabilities for employment to actual employment outcomes is slowly taking place (Millington, Miller, Asner-Self, & Linkowski, 2003). In order to increase demand for people with disabilities in the labor market, experts are currently supporting placement approaches where the process does not start with the client placed, but where business relationships with employers are cultivated, and services to employers are emphasized (Buys & Rennie, 2001; Fabian,

Luecking, & Tilson, 1995; Millington, Miller, Asner-Self, & Linkowski, 2003; Stensrud & Gilbride, 2004).

OUTCOMES IN THE STATE-FEDERAL VOCATIONAL REHABILITATION SYSTEM

The primary goal of the state-federal VR system is to support people with disabilities to enter, maintain or return to the labor force in high quality employment that pays a living wage and offers a chance for advancement (Office of Special Education and Rehabilitative Services, 2011). In order to accomplish this goal, a comprehensive set of performance indicators for the VR program is in place, monitored by RSA, which include employment outcomes evaluation, and equal access to services evaluation standards (Office of Special Education and Rehabilitative Services, 2011).

In the state-federal system, according to federal regulations, “employment outcome means, with respect to an individual, entering or retaining full-time or, if appropriate, part-time competitive employment, in the integrated labor market, supported employment, or any other type of employment in an integrated setting, including self-employment, telecommuting, or business ownership, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.” . (US. Code of Federal regulations, 34 C.F.R. § 361.5 (16), 2010).

Federal regulations define integrated work setting as follows: “With respect to an employment outcome, means a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals, other than non-disabled individuals who are providing services to those applicants or eligible individuals, to the same extent that non-disabled individuals in comparable positions interact with other persons.” (US Code of Federal regulations, 34 C.F.R. § 361.5 (33), 2010). RSA policy is to let the VR counselor determine on a case-by-case basis whether a job meets the definition of integrated setting, which qualifies as an employment outcome for VR purposes (Anthony, 2005).

Clients who exit the VR system with an employment outcome can be in any of the following categories, regardless of amount of hours worked or

salary received: “employment without supports in integrated settings”, self-employment, “state-agency managed Business Enterprise Program” (e.g., Randolph-Sheppard vending facilities), homemaker (housekeeping), unpaid family worker, and “employment with supports in integrated settings” (Rehabilitation Services Administration, 2006). In fiscal year 2001 RSA eliminated extended employment as an acceptable employment outcome under the VR program (Office of Special Education and Rehabilitative Services, 2011; Wagner, Armstrong, Fraser, Vandergoot, & Thomas, 2006). Extended employment is employment in non-integrated settings (e.g., sheltered workshop) (Rehabilitation Services Administration, 2006), compensated at a “subminimum wage”, which can be less than federal or state minimum wages (U.S. Department of Labor, 2008). Only some employment outcomes presented above are considered competitive employment by RSA; these are: employment with or without supports in integrated settings (e.g., supported employment), self-employment, and clients working in “state-agency managed Business Enterprise Program”, as long as work is done in integrated settings, for wages at or above minimum wage (Rehabilitation Services Administration, 2006). Federal regulations define competitive employment as work “(i) In the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and (ii) For which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled” (US Code of Federal Regulations, 34 C.F.R. § 361.5. 11, 2010).

The VR system can still utilize extended employment as preparation (e.g., training, assessment) for individuals to enter competitive employment, but not as an employment outcome (Anthony, 2005, Office of Special Education and Rehabilitative Services, 2011). There are three cases when a person with a disability would be referred by a VR counselor to local extended employment agencies: a) when the person is determined ineligible for VR services on the basis of strong evidence that he/she cannot achieve an employment outcome in an integrated setting, b) client is determined eligible but later showed inability to work in integrated setting, and c) the client makes the informed choice to work in a non-integrated setting on a long-term basis. State VR agencies must conduct an annual review and reevaluation of individuals whose cases were closed

(for 2 years) while in extended employment (“exited without an employment outcome after receiving services”, for VR purposes), even when extended employment was an informed choice of the client (US Code of Federal Regulations, 34 CFR § 361.55, 2010). The use of extended employment in the VR has decreased as provision of supported employment has increased, with a considerable gain in wages for people with disabilities (Revell, 2002). However, extended and supported employment paradigms coexist in the VR system.

Before closing a case in the state-federal VR system under an employment outcome, counselors have to make sure clients remain employed (as stated in their IPEs) for a minimum of 90 days, and that they do not need additional rehabilitation services (U.S. Code of Federal Regulations, 34 C.F.R. § 361.56, 2007). Another requirement for closure is that after 90 days on the job, both the individual and the VR counselor agree that the employment outcome is satisfactory, and the individual is informed that post-employment services are available (U.S. Code of Federal Regulations, 34 C.F.R. § 361.56, 2007). For clients who are in supported employment, the state VR agency can provide services up to 18 months (unless extended due to special circumstances), regardless of whether the client is receiving minimum wages or still working towards that goal. In practice, agencies may choose not to close from services clients who are still working towards minimum wage.

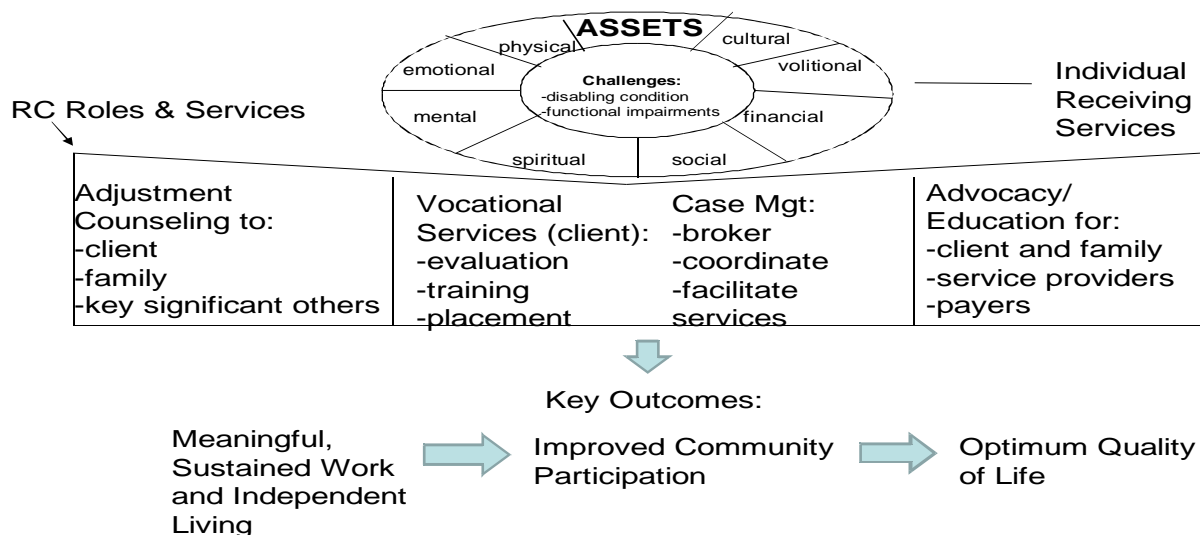
LESSONS LEARNED

After the aforementioned detailed discussion describing the current VR system in the United States and how it works, it is important to highlight what we know in the way of key lessons learned. In the nearly one century of existence of the VR system in the United States to date, we have learned several valuable lessons (Lewis, 2008). First, we have learned that grassroots advocacy works. We have also realized the pivotal role that legislation has played in the formation of the United States’ system, and we expect that to continue to be the case into the future. Additionally, we know that both service recipients and their family members can be active participants in the rehabilitation process. A further lesson learned is that people with disabilities who have very

severe disabilities can engage in meaningful, sustained work and live independently with adequate supports in place. Finally, we have recognized that no matter how much positive impact these previous lessons may have had, true social change requires more than education, advocacy and legislation. It requires attitudinal change among the masses so that disability becomes a more acceptable status within the mainstream of American society. Disability policy planners from other countries willing to follow in the steps of the American VR system should bear in mind that it is not a good practice to extrapolate experiences from one country to another without careful consideration of what aspects are transferable and which ones are amenable to adaptation to the new reality or should be discarded. In addition, the efficacy of the VR system should be object of further research. The public VR system's development has not been without difficulties, the most recent being states' struggle to continue paying their share of contributions to the VR system amidst the current economic crisis.

VERSATILITY OF REHABILITATION COUNSELING

The ultimate outcome of rehabilitation counseling or VR is optimal adjustment to disability in a manner that maximizes vocational functioning and independent living toward improved community participation, ultimately to enhance and optimize quality of life. A rehabilitation counselor's usual scope of practice is improvement of adult functioning in response to the negative impact of a disability (congenital or acquired). However, some rehabilitation counselors work with child and adolescent populations as well. Rehabilitation counselors typically have a minimal role in acute care settings because of their emphasis on vocational functioning. Figure 1 depicts the holistic nature of an individual with a disability receiving services with the assets appropriately overshadowing the challenges, as well as the roles and services provided by rehabilitation counselors represented. Together, an assets-based approach along with varied roles and services can result in a rehabilitation counselor facilitating the achievement of key outcomes.



*Note: Holistic model of assets above is based in part on the work of Sharon Wegscheider-Cruse (1981).

Figure 1. The Interface between the Individual Receiving Services and Varied RC Roles toward Key Outcomes

The preparation and background of rehabilitation counselors adds to their versatility. They tend to be highly trained generalists with specific graduate preparation in the areas of counseling theories and techniques, ethics, abnormal psychology, medical and psychosocial aspects of disability, addictions, career counseling and job placement, multicultural concerns, case management, appraisal and evaluation, and research. They are also typically expert in a specific area of specialty (e.g., physical and sensory disabilities, traumatic brain injury, spinal cord injury, substance abuse, life care planning, disability management, forensic rehabilitation, job placement, etc.).

The usual approach to service provision that rehabilitation counselors embrace includes (1) individualization of services, (2) holistic view of individuals, (3) a focus on an individual's assets as the starting point in the rehabilitative process, and (4) full participation in services by the person with the disability. Rehabilitation counselors work in all systems (public, private for profit/non-profit, governmental, and non-governmental); service milieus (outpatient, inpatient, in-home, job, and school); with all populations; providing counseling, case management, advocacy, consultation, court testimony, evaluation, and placement services.

Consequently, in the United States, it is not usual to see an individual trained in rehabilitation counseling working in public or private VR, working in insurance rehabilitation managing return to work matters, or working for a health care company addressing general health and disability concerns. Some may work for a private corporation as a clinician in an employee assistance program capacity or as a disability management specialist managing the organization's broad array of disability concerns (workers compensation, return to work, proactive ergonomic consultation, procurement of disability benefits, etc.). Others may work for a mental health organization as a clinician or see clients in a private practice setting as a licensed professional counselor. Many will work in forensic rehabilitation as a life care planner developing individualized protocols for lifelong services to individuals with catastrophic injuries, or work as a sports agent for professional athletes who are middle tier performers around consideration of other career options to be activated once the sports career concludes. In the future, the options will be limitless on what rehabilitation trained professionals will be able to do career-wise and have a meaningful impact on persons with disabilities; and thus, society.

THE FUTURE

Emerging frontiers in VR in the 21st century will include the following (Lewis, 2008):

1. Effectively managing technology in a way that enhances quality of life for people with disabilities using assistive technology.
2. Related to technology will be efforts to advance telemedicine and telerehabilitation approaches to service delivery to reach remote and distant areas and mainstreaming these approaches to promote widespread acceptance.
3. There will be a greater need to implement proactive strategies to engage in succession planning within the state-federal system to ensure the existence of viable future generations of VR leaders.
4. Effective management of a rapidly growing, more culturally diverse and older population of individuals with disabilities seeking services will be needed.

5. Advocacy to effectively maintain level federal funding for the public VR system amid increasingly austere economic times will be necessary.
6. There will be greater recognition by more organizations that proactively managing disability is a sound business practice; and therefore, profitable.
7. Acknowledgement of the need to understand the intersection of disability with other co-occurring forms of disadvantage (e.g., hate crimes and disability, disability and natural disasters, to name a few) will be greater.
8. More rehabilitation counselors with proficiency in forensic rehabilitation applications (e.g., personal injury court testimony, life care planning, and employment discrimination due to disability) will be required, given the increasing role of civil and legal concerns in light of America's highly litigious nature.
9. There will be a need for more aggressive and effective marketing of VR as a viable profession to increase positive visibility to the general public. In some ways, this profession is still a best kept secret to many in the general United States' populace, and maintaining this does not have a beneficial effect.

Rehabilitation counseling or VR is still a young profession in the United States. Its beginning as a discipline was unanticipated, but its development over the years has become increasingly more intentional through advocacy efforts and legislation. In these early years of this new millennium, it is clear that disability as a challenge will not be ameliorated in the near future, affirming a long-term role for VR and rehabilitation counseling in the United States going forward. The goal is for the United States' system to learn from its mistakes as it attempts to progress in the tradition of continuous quality improvement. There is no reason to think that this will not be the case. It is hoped that other countries with younger disability systems can benefit from understanding the journey of the United States' system.

REFERENCES

- Acemoglu, D., & Angrist, J. (2001). Consequences of employment protection? The case of the Americans with Disabilities Act. *Journal of Political Economy*, 109(5), 915-957
- Anthony, E. (2005). *Technical Assistance Circular RSA-TAC-06-01: Factors state vocational rehabilitation agencies should consider when determining whether a job position within a community rehabilitation program is deemed to be in an "integrated setting" for purposes of the vocational rehabilitation program*. Washington, D.C.: Rehabilitation Services Administration.
- Brabham, R., Mandeville, K. A., & Koch, L. (1998). The state-federal vocational rehabilitation program. In R. M. Parker & E. M. Szymanski (Eds.), *Rehabilitation counseling: Basics and beyond* (3rd ed.). Austin, TX: Pro-Ed.
- Burkhauser, R.V., & Houtenville, A.J. (2003). Employment among working-age people with disabilities: What current data can tell us. In E. M. Szymanski & R. M. Parker (Eds.), *Work and disability: Issues and strategies in career development and job placement* (2nd ed., pp. 53-90). Austin, TX.: Pro-Ed.
- Buys, N. J., & Rennie, J. (2001). Developing relationships between vocational rehabilitation agencies and employers. *Rehabilitation Counseling Bulletin*, 44(2), 95-103.
- Conley, R. W., Rusch, F. R., McCaughrin, W. B., & Tines, J. (1989). Benefits and costs of supported employment: An analysis of the Illinois supported employment project. *Journal of Applied Behavioral Analysis*, 22(4), 441-447.
- Cook, J. A., & O'Day, B. (2006). *Supported employment: A best practice for people with psychiatric disabilities*. Ithaca, N.Y.: Cornell University, Rehabilitation Research and Training Center on Employment Policy for Persons with Disabilities.
- Dawis, R. V. (1996). The theory of work adjustment and person-environment correspondence counseling. In D. Brown & L. Brooks, and associates (Eds.), *Career choice and development* (3rd ed., pp. 75-120). San Francisco, CA: Jossey-Bass.
- Degeneffe, C. E. (2000). Supported employment for persons with developmental disabilities: Unmet promises and future challenges for rehabilitation

- counselors. *Journal of Applied Rehabilitation Counseling*, 31(2), 41-47.
- Erickson, W., Lee, C., von Schrader, S. (2010). *Disability Statistics from the 2008 American Community Survey (ACS)*. Ithaca, NY: Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics (StatsRRTC). Retrieved from www.disabilitystatistics.org
- Equal Employment Opportunity Commission. (1997). *The ADA: Your responsibilities as an employer*. Retrieved from <http://www.eeoc.gov/facts/ada17.html>
- Equal Employment Opportunity Commission. (2011). *Notice Concerning The Americans With Disabilities Act (ADA) Amendments Act of 2008*. Retrieved from http://www.eeoc.gov/laws/statutes/adaaa_notice.cfm
- Fabian, E., Luecking, R. G., & Tilson, G. P. (1995). Employer and rehabilitation personnel perspectives on hiring persons with disabilities: Implications for job development. *Journal of Rehabilitation*, 61(1), 42-49.
- Fabian, E., & MacDonald-Wilson, K. (2005). *Professional practice in rehabilitation service delivery systems and related system resources*. In R. M. Parker, E. M. Szymanski & J. B. Patterson (Eds.), *Rehabilitation counseling: Basics and beyond* (4th ed., pp. 55-87). Austin, TX.: Pro-Ed.
- Ford, L. H. (1999). Job placement and rehabilitation counselors in the state-federal system. *Rehabilitation Counseling Bulletin*, 42(4), 354-365.
- Gilbride, D. (2000). Going to work: Placement trends in public rehabilitation. *Journal of Vocational Rehabilitation*, 14, 89-94.
- Gilbride, D., & Stensrud, R. (1992). Demand-side job development: A model for the 1990s. *Journal of Rehabilitation*, 58(4), 34-39.
- Gilbride, D., & Stensrud, R. (2003). Job placement and employer consulting: Services and strategies. In E. M. Szymanski & R. M. Parker (Eds.), *Work and disability: Issues and strategies in career development and job placement* (2nd ed., pp. 407-439). Austin, TX: Pro-Ed.
- Hanley-Maxwell, C., Owens-Johnson, L., & Fabian, E. (2003). Supported employment. In E. M. Szymanski & R. M. Parker (Eds.), *Work and disability: Issues and strategies in career development and job placement* (2nd ed 4th. ed. pp. 373-406). Austin, TX.: Pro-Ed.

- Hayward, B. J., & Schmidt-Davis, H. (2003). *Longitudinal Study of the Vocational Rehabilitation Services Program. Second final report: VR services and outcomes*. Research Triangle Park, NC: Research Triangle Institute.
- Hoff, D., Varney, E., & O'Connor, L. (2003). *Making it easier to go to work: What the changes at social security mean to you*. Retrieved from http://www.onestops.info/article.php?article_id=177
- Job Accommodation Network. (2011). *The ADA Amendments Act of 2008*. Retrieved from <http://askjan.org/bulletins/adaaa1.htm>
- Lewis, A.N. (2008). Vocational rehabilitation in the 21st century: Skills professionals need for systems success. *WORK: A Journal of Prevention, Assessment, and Rehabilitation (Special Issue)*, 31, 345-356.
- Millington, M. J., Miller, D. J., Asner-Self, K. K., & Linkowski, D. (2003). The business perspective on employers, disability, and vocational rehabilitation. In E. M. Szymanski, Parker, R.M. (Ed.), *Work and disability: Issues and strategies in career development and job placement* (2nd ed., pp. 317-342). Austin, TX: Pro-Ed.
- Murdick, N.R. (1997). Employment discrimination laws for disability: Utilization and outcome. *Annals of the American Academy of Political and Social Science*, 549, 53-70 doi:10.1177/0002716297549001005
- Office of Special Education and Rehabilitative Services. (2011). *Rehabilitation Services Administration Annual Report, Fiscal Year 2006: Report on Federal Activities Under the Rehabilitation Act*. Washington, D.C. Retrieved from <http://www2.ed.gov/about/reports/annual/rsa/2006/rsa-2006-annual-report.pdf>
- Patterson, J. B., Bruyère, S. M., Szymanski, E. M., & Jenkins, W. (2005). Philosophical, historical, and legislative aspects of the rehabilitation counseling profession. In R. M. Parker, E. M. Szymanski & J. B. Patterson (Eds.), *Rehabilitation counseling: Basics and beyond* (4th ed.). Austin, TX: Pro-Ed.
- Peterson, D.B., Aguiar, L. J. (2004). History and systems: United States. In: T.F. Riggard & D.R. Maki (Eds.), *Handbook of Rehabilitation Counseling* (pp. 50-75). NY: Springer
- Rehabilitation Services Administration. (2006). *Reporting Manual for the Case Service Report (RSA-911) (RSA-PD-07-01)*. Washington, DC: U.S.

Department of Education. Office of Special Education and Rehabilitative Services.

Revell, G., Kregel, J., Wehman, P., & Bond, G. R. (2000). Cost effectiveness of supported employment programs: What we need to do to improve outcomes. *Journal of Vocational Rehabilitation, 14*, 173-178.

Roessler, R. T. (2002). Improving job tenure outcomes for people with disabilities. *Rehabilitation Counseling Bulletin, 45*(4), 207-212.

Rogan, P., Novak, J., Mank, D., & Martin, R. (2002). From values to practice: State level implementation of supported employment. *Journal of Vocational Rehabilitation, 17*, 47-57.

Rubin, S. & Roessler, R. (2001). *Foundations of the vocational rehabilitation process* (5th ed.). Austin, TX: Pro.

Rumrill, P., & Roessler, R. T. (1999). New directions in vocational rehabilitation: A career development perspective on "closure". *Journal of Rehabilitation, 65*(1), 26-30.

Rusch, F. R., & Hughes, C. (1989). Overview of supported employment. *Journal of Applied Behavior Analysis, 22*, 351-363.

Social Security Administration. (2008a). *Fact sheet: Ticket to Work program*.

Retrieved from

<http://www.socialsecurity.gov/work/ResourcesToolkit/legisregfact.html>

Social Security Administration. (2008b). *Ticket tracker*. Retrieved from

<http://www.socialsecurity.gov/work/ServiceProviders/StateTicketTracker.html>

Social Security Administration. (2008c). *Work Incentives Planning and Assistance (WIPA) Program*. Retrieved from

<http://www.socialsecurity.gov/work/ServiceProviders/wipafactsheet.html>

Stensrud, R., & Gilbride, D. (2004). Placement. In T. F. Riggall & D. R. Maki (Eds.), *Handbook of Rehabilitation Counseling* (pp. 218-235). New York: Springer Publishing Co.

Szymanski, E. M., Enright, M. S., Hershenson, D. B., & Ettinger, J. M. (2003). Career development theories, constructs, and research: Implications for people with disabilities. In E. M. Szymanski & R. M. Parker (Eds.), *Work and*

disability: Issues and strategies in career development and job placement (2nd ed., pp. 91-153). Austin, TX: Pro-Ed.

Szymanski, E. M., & Hershenson, D. B. (2005). An ecological approach to vocational behavior and career development of people with disabilities. In R. M. Parker, E. M. Szymanski & J. B. Patterson (Eds.), *Rehabilitation counseling: Basics and beyond* (4th ed., pp. 225-280). Austin, TX.: Pro-Ed.

U.S. Access Board. (n.d.). *The ADA Amendments Act of 2008*. Retrieved from <http://access-board.gov/about/laws/ADA-amendments.htm>

U.S. Code. Eligibility and individualized plan for employment. 29 U.S.C. § 722 (2010). Retrieved from <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title29/html/USCODE-2010-title29-chap16-subchapl-partA-sec722.htm>

U.S. Code of Federal Regulations. Ability to serve all eligible individuals; order of selection for services. 34 C.F.R. § 361.36 (2006). Retrieved from http://edocket.access.gpo.gov/cfr_2006/julqtr/pdf/34cfr361.36.pdf

US Code of Federal Regulations. Annual review of individuals in extended employment and other employment under special certificate provisions of the Fair Labor Standards Act. 34 C.F.R. § 361.55 (2010). Retrieved from http://edocket.access.gpo.gov/cfr_2010/julqtr/pdf/34cfr361.55.pdf

US Code of Federal Regulations. Applicable definitions. 34 C.F.R. § 361.5 (2010). Retrieved from <http://www.gpo.gov/fdsys/pkg/CFR-2010-title34-vol2/pdf/CFR-2010-title34-vol2-sec361-5.pdf>

U.S. Code of Federal Regulations. Assessment for determining eligibility and priority for services. 34 C.F.R. § 361.42 (2006). Retrieved from http://edocket.access.gpo.gov/cfr_2006/julqtr/pdf/34cfr361.42.pdf

U.S. Code of Federal Regulations. Comparable services and benefits. 34 C.F.R. § 361.53 (2002). Retrieved from http://edocket.access.gpo.gov/cfr_2002/julqtr/pdf/34cfr361.53.pdf

U.S. Code of Federal Regulations. Procedures for ineligibility determination. 34 C.F.R. § 361.43 (2010). Retrieved from http://edocket.access.gpo.gov/cfr_2010/julqtr/pdf/34cfr361.45.pdf

U.S. Code of Federal Regulations. Processing referrals and applications. 34 C.F.R. § 361.41 (2010). Retrieved from <http://www.gpo.gov/fdsys/pkg/CFR-2010-title34-vol2/xml/CFR-2010-title34-vol2-sec361-41.xml>

- U.S. Code of Federal Regulations. Requirements for closing the record of services of an individual who has achieved an employment outcome. 34 C.F.R. § 361.56 (2007). Retrieved from http://edocket.access.gpo.gov/cfr_2007/julqtr/pdf/34cfr361.56.pdf
- U.S. Code. Vocational rehabilitation services. 29 § 723 (2010). Retrieved from <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title29/html/USCODE-2010-title29-chap16-subchapl-partA-sec723.htm>
- U.S. Department of Labor. (2008). *Fact sheet 39: The employment of workers with disabilities at special minimum wages*. Retrieved from <http://www.dol.gov/whd/regs/compliance/whdfs39.pdf>
- Wagner, C., Armstrong, A., Fraser, R., Vandergoot, D., & Thomas, D. (2006). Evidence-based employment practices in vocational rehabilitation. In K. J. Hagglund & A. W. Heinemann (Eds.), *Handbook of applied disability and rehabilitation research*. New York: Springer Publishing Company.
- Walls, R. T. (2001). Measurement of client outcomes in rehabilitation. In B. F. Bolton (Ed.), *Handbook of measurement and evaluation in rehabilitation* (3rd ed., pp. 311-337). Gaithersburg, Maryland: Aspen Publishers, Inc.
- Wegscheider-Cruse, S. (1981). *Another chance: Hope and help for the alcoholic family*. Science and Behavior Books, Inc.: Palo Alto, CA.
- Wehman, P., Kregel, J., Keyser-Marcus, L., Sherron-Targett, P., Campbell, L., West, M., et al. (2003). Supported employment for persons with traumatic brain injury: A preliminary investigation of long-term follow-up costs and program efficiency. *Archives of Physical Medicine and Rehabilitation*, 84(2), 192-196.
- Wheaton, J. C., & Wilson, K. B. (1996). The relationship between vocational rehabilitation services and the consumer's sex, race and closure status. *Rehabilitation Counseling Bulletin*, 40(2), 116-133.
- World Health Organization. (2011). *World report on disability*. Retrieved from http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf

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