

## **Meeting the Documented Needs of Clients' Families: An Opportunity for Rehabilitation Counselors**

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*Abstract: The success or failure in vocational rehabilitation is influenced by both the individual and his or her family environment. Disabled adults are more successful finding jobs when their families are involved in the job placement, but many rehabilitation counselors are reluctant or unable to involve clients' families. Previous studies on family involvement have been based on anecdotal reports of single cases, single agencies, or an individual's own experience. A report is presented of the results of a large survey that explored the questions of whether rehabilitation agencies serve the families of their clients and, if so, what types of attention do these families require. A questionnaire was mailed to 205 rehabilitation agencies that provided sheltered workshops, vocational rehabilitation, psycho-social rehabilitation and/or supported employment programs. A total of 149 questionnaires were returned. The populations served by the responding agencies were individuals with developmental disabilities (55 percent), mental illness (32 percent), and physical disabilities (13 percent). The majority of patients (86 percent) ranged in age from 18 to 35 years. Analysis of responses revealed that 94 percent of reporting agencies believed the family should be involved before vocational training or job placement of the client; however, 26 percent of these agencies were worried about encroaching on the boundaries of the social worker involved with the client. The specific problems of involving rehabilitation counselors in working with client's families include: large caseloads, possible role conflicts, lack of encouragement from supervisors, and lack of specific training. The rehabilitation counselor's responsibilities could be extended to include: evaluation of family dynamics relating to the client's disability; giving information and support to the family; and being a resource for them and providing crisis intervention. Giving attention to the family increases the counselor's ability to provide quality service to the client. Counselors should see the family not only as part of the problem, but also as part of the solution. (Consumer Summary produced by Reliance Medical Information, Inc.)*

This article reports the results of a survey study that explored such issues as whether rehabilitation agencies should provide attention to clients' families, and if so, then what kind of attention should be given. Survey results further identified specific problems for rehabilitation counselors when working with families. Utilizing survey information, intervention approaches for rehabilitation counselors are suggested. The implications of survey results for rehabilitation education are also discussed. John Donne's statement that "No man is an island" applies particularly to persons with disabilities. Disability is really a family affair, and the client's performance in vocational rehabilitation is a function of both the person and the family environment (Tuck, 1983; Kerosky, 1984; Power & Dell Orto, 1986). The Rehabilitation Act of 1973, as amended, contains the authority for provision of "services to family members as necessary to the adjustment or rehabilitation of handicapped individuals" (Rehabilitation Services Manual, 1976, p.1539.01). Support for the

wisdom of this policy exists in the recent finding that adults with disabilities had greater success getting placed in jobs when their families were integrated into the placement process (Newman, 1988).

While many rehabilitation counselors agree that the family can significantly help or hinder the client's rehabilitation process, most counselors have been either reluctant or unable to have any involvement with their clients' families (Kneipp & Bender, 1981; Power & Dell Orto, 1986). For example, in a recent definition of "qualified rehabilitation professional" (Graves, Coffey, Habeck, & Stude, 1987), no mention is made of working with families of persons with disabilities as a required competence. Similarly, when Wright, Leahy & Shapson (1987) identified rehabilitation counselor competencies, only 3 out of 114 items mentioned evaluation of family status, and only one item (#47) dealt with counseling clients' families. A discrepancy evidently exists between research reports citing the need for family involvement and currently accepted rehabilitation practice.

The studies that have identified the needs and/or role of the family in the rehabilitation process are based on single case studies, on samples drawn from one specific agency, or on one individual's experience in working with families (Jacus, 1981; Bray, G., 1980; Eaton, M., 1979; Kerosky, M., 1984; Power & Sax, 1978; Sutton, 1985; Power & Dell Orto, 1986). There have been no studies that have utilized larger data sets and that focus on understanding what kind of attention is needed for the client's family in the rehabilitation process. This article reports the results of a large survey study that

explored such issues as whether rehabilitation agencies should provide attention to clients' families, and if so, then what kind of attention should be given. Survey results further identified specific problems for rehabilitation counselors when working with families. The implications of this survey information for rehabilitation education and practice will also be discussed.

## **Methods**

The sampling frame for this research consisted of the mailing list utilized by a rehabilitation training center at the University of Maryland. The Center is a RSA Region III program and directs most of its efforts toward training agency personnel in such areas as vocational evaluation, workshop administration, and supported employment. A two-page questionnaire exploring family issues was mailed to 205 rehabilitation agencies identified as sheltered workshops, state vocational rehabilitation offices and those offering psycho-social rehabilitation programs and/or supported employment programs. The sampling frame did not generate a random sample of agencies.

The research design used a process whereby informants are selected precisely because they possess certain characteristics, such as administrators of rehabilitation facilities or supervisors of rehabilitation personnel within a particular agency. Though a few of the respondents identified their function within the rehabilitation agency, this was not specifically asked on the survey form. The final group of agencies did represent a heterogeneous sample from a geographically large, five-state area.

## Results

One hundred and forty-nine questionnaires were returned, for a 72.5% response rate. Sixty-five percent of the agencies identified themselves as sheltered workshops, 16% as state vocational rehabilitation offices, and the remaining 19% as rehabilitation programs which primarily offer such services as supported employment and/or independent living programs. The main populations served by all of these agencies consisted of those with developmental disabilities (55%), mental illness (32%), and physical disabilities (13%).

The dominant age group of clients was the 18-35 years old range (86%), with the remainder in the age categories of 36-40 (8%), and 46-55 (6%). Ninety-four percent (140) of the reporting agencies believed that attention should be given to the client's available family by a staff member before the client begins training or placement in a job; and 62% of that 94% stated that if contact is not made at this time, it is still not too late to provide some assistance to the client's family. Of interest, however, is that responding agencies were mixed about encouraging appropriate rehabilitation staff to have any contact with the family before the client begins training or placement. Fifty-five percent (77) of the agencies stated "that they would encourage a staff member," but many (26% of those who answered "yes") were worried about crossing over the boundaries of an available social worker.

Among the three categories of reporting agencies, supported employment/independent living programs appeared most willing to encourage family contact by staff members. Only five of the state vocational rehabilitation agencies indicated any such encouragement. The information presented in Table III suggests reasons for this response: For example, very large client caseloads and the administration's perception that counselors are inadequately trained for any family involvement could inhibit encouragement for family contact.

Seventy-six percent (106) of the reporting agencies believed that when family contact is made, it should be by a staff member with a vocational rehabilitation background; however, that staff member was defined differently by different agencies. He/she was referred to as counselor, case program manager, rehabilitation specialist, or job placement specialist. All of the agencies reported that at least one member of their staff had a vocational rehabilitation background.

When contact was possible with the client's available family, what does the agency perceive as some needs that this family has for any contact/meeting before the client enters training or is to be placed on a job? The responses in descending order of frequency, were as follows:

138 (98.5%) How they can help their family member with a disability while this person is in training or beginning a job;

134 (95.7%) information about the rehabilitation process;

131 (93.5%) Information about the family member's job, satisfaction, safety, transportation, job security, and support system within the training and/or job environment;

27 (19.2%) Other: financial information, alleviate family fears about placement, better relationships

with rehabilitation staff.

The communication of information is the dominant need perceived by all the reporting agencies, with the emphasis on knowledge about the rehabilitation process, and how the family can assist it.

Of interest is that supported employment/independent living agencies appeared to focus more on assisting the family to help the person with a disability to maintain one's training or employment status than on specific information about job related factors. With their focus on the development of daily

living and job-keeping skills, these agencies may view the communication of particular information about the job environment as occurring later in the occupational rehabilitation process.

Following the question of perceived family needs, the agencies were asked what kind of attention they believe the client's available family should receive at the time the client begins training or job placement. The responses were as follows:

137 (91.9%) Tell family members about the rehabilitation plan; 132 (88.5%) Help family to understand such issues as: 127 (85.2%) transportation (Who will provide ... traffic hazards); 127 (85.2%) Job security (if the business has to reduce staff, will my family member be the first one cut how many mistakes before one is terminated); 127 (85.2%) Supports (Personal care needs ... support services like counseling, advocacy, and recreation); 125 (83.8%) Safety (Adequate supervision ... neighborhood of business safe ... accessibility ... staff able to handle emergencies); 124 (83.1%) Job satisfaction (Is salary fair ... what is environment like ... workers' attitude toward persons with disabilities... benefits); 58 (38.5%) Attempt to diminish any family obstacles that may prevent the client from entering training or undertaking job placement.

All three categories of agencies reported that they believe family members should learn information about the rehabilitation plan and about particular issues related to the job environment. Of interest, however, is that while 116 of the agencies stated that the family can be an obstacle for the client's success in training, only 58 (40.9%) of these rehabilitation programs believe that attempts should be made by their staff to diminish any family obstacles that may prevent the client from entering training or undertaking job placement. Referring to family obstacles, many of the agencies made such comments as: "No parental or spouse motivation for rehabilitation ... overprotection ... family wants to choose when and where client will work ... any change is difficult to cope with ... fears of family for competitive work ... family may already have established counterproductive behaviors."

Among the 58 agencies that identified the need for attempts to alleviate family obstacles, 32 (55.1%) were sheltered workshops, 18 (30%) were supported employment/independent living programs, and 8 (13.8%) were state vocational rehabilitation offices. Reasons for this low percentage of all the agencies, and the state vocational rehabilitation offices in particular, could be the non-availability of a staff member trained to work with family difficulties, and/or large case loads which would preclude family involvement beyond the imparting of necessary information.

The 149 that responded to the survey agencies perceived many difficulties for the rehabilitation professional in meeting with the client's available family. These difficulties include:

81 (53.6%) Counselor/worker has too large a caseload; 79 (53%) There just isn't enough time, considering all the agency duties; 68 (45.8%) Other situational factors (Agency attitudes ... problems in getting the family to the agency in order to involve them ... problems in justifying time spent and in collecting fees for services rendered to family members ... role definition conflict); 47 (31.5%) Counselor/worker is not prepared because of lack of training; 5 (3.3%) Agency regulations discourage any contact with the family; 4 (2.6%) Supervisor(s) discourage(s) any contact with the family.

Among the three categories of agencies, state vocational rehabilitation agencies reported the greatest difficulties in meeting with the family, citing large caseloads and lack of time as the dominant reasons. With their smaller caseloads and generally more available time, supported employment/independent

living programs did not perceive those reasons as important as counselors' lack of training. Sheltered workshops also identified large caseloads and time pressures as inhibiting factors for family contact. Of interest is that very few agencies reported that the supervisor discouraged any family contact. This

finding seems to suggest that agencies are aware that family services can be authorized, but there are other realities which prevent this contact.

Finally, 71% of the agencies stated that with the new emphasis in vocational rehabilitation on transitioning and supported employment, the importance is highlighted of some family contact as the client begins training or job placement. At the same time, many of the agencies believed that with the

younger rehabilitation populations, the number of family obstacles to vocational rehabilitation may increase. Cited were such problems as the family's belief that any change, i.e., entering training or beginning employment, would be quite disruptive to family functioning, or, what sustains family morale and functioning is the family's care for the person with a disability. If this care decreases, then the family as a unit could begin to fall apart. Another frequently mentioned obstacle was the family's

expectation that the client will stay in a sheltered environment.

## **Discussion**

The findings, although limited in their generalizability by their geographic locality and the relatively few state vocational rehabilitation offices that responded to the survey, strongly suggest directions for rehabilitation practice and education. Most of the rehabilitation agencies believe that some family contact is important; and when contact is possible, all three categories of agencies stressed the importance of responding to family needs for information. Moreover, attention to the alleviation of family obstacles to the client's rehabilitation seemed to be a problem for all of the reporting agencies. At the same time, the survey findings suggest that the problems of involving counselors with families may outweigh the advantages. Large caseloads, possible role conflicts, lack of encouragement from agency supervisors, and absence of specific training militate against working with families during the rehabilitation process.

Although changes in rehabilitation education cannot address all of these inherent systemic problems, some contact with available family can still make a difference for the client's attainment of

rehabilitation goals. One way to facilitate this contact is to reconceptualize the rehabilitation counselor's role to include a family oriented perspective. Such a change may alleviate many of the perceived role conflicts identified in the survey, as well as address the need for more counselor training in relevant skills. Also, modifying the counselor's role can facilitate a partnership between the professional and family. This partnership, by providing additional support for families with members who have severe disabilities, could facilitate the rehabilitation process for those clients.

When reconceptualizing the rehabilitation counselor's role to include a family perspective, four functions are suggested that respond to many issues identified in the survey. Each function represents an extension of responsibilities that counselors are already performing with their clients. These suggested functions include: a) evaluating family dynamics as they relate to the impact of the client's disability; b) providing information; c) providing support, and d) becoming a resource for crisis intervention. The exercise of these functions does not mean that the rehabilitation counselor need have extensive training as a family therapist or family counselor, nor does each function imply many hours of additional work with each client. Moreover, not all clients will need involvement with the family, and many may adamantly refuse any family contact.

There are three critical times for contact when available families can be particularly involved in the rehabilitation process. Each designated time demands the enactment of one or more of the suggested functions. These times are: (1) during the initial phase of the vocational rehabilitation process when eligibility determination and/or a beginning assessment is conducted; (2) the phase of rehabilitation planning and goal setting, and (3) the phase of training and eventual placement when specific crises can occur. Each of these times is described below.

### **Initial Phase of the Vocational Rehabilitation Process**

Since most persons with disabilities continue to live with their families, it is reasonable to expect that family members can provide the most salient historical and current information on the client's functioning. There are four major goals, consequently, for counselors when they are able to have family contact during this phase. They are: (1) to obtain information from available family members on the client's and their own expectations for vocational rehabilitation and on the client's limitations and strengths in terms of independent living; (2) to identify the family's current needs in relation to the disability, their knowledge of the vocational rehabilitation process, and any family obstacles that could inhibit progress towards rehabilitation goals, such as overprotectiveness, secondary gains that appear more rewarding than rehabilitation achievements, and lack of interest in rehabilitation; (3) to identify the family's expectations both for the client's rehabilitation and for the role of the rehabilitation counselor; and (4) to communicate necessary information and support.

Key functions of the counselor's role at the beginning of the rehabilitation process include the communication of information and provision of support. Survey findings strongly suggested that the family wants information about vocational rehabilitation, as well as knowledge about such resources as family support groups, respite care services, or community mental health services. While imparting timely information is also an aspect of support, support can further be conveyed

by the counselor patiently listening to family concerns and conveying acceptance to family members for what they have done to assist the client towards a more productive life. With this empathy and understanding, combined with an awareness of client-family dynamics and the sharing of appropriate information, the counselor is telling available family members that they can make a difference in the person's vocational rehabilitation. Phase of Rehabilitation Planning and Goal Setting.

During this stage the goal of family contact is to build on the already identified family knowledge, strengths, needs, and expectations in order to develop appropriate rehabilitation plans and goals. If this identification of family information and dynamics, as well as beginning support for rehabilitation, has not already been accomplished, then the counselor must do so if effective planning is to be conducted with the client. Unfortunately, many rehabilitation professionals have learned from experience that lack of family support for rehabilitation goals often results in failures. It is a painful experience to have worked intensively with individuals with disabilities through the rehabilitation process to job placement, only to find on the day the individual is to start work that the family views the job as inappropriate or harmful. At that time, the counselor may recommend more intensive intervention from a family counselor. Though families are usually reluctant to embark on such counseling, they may be more disposed to do so if they are genuinely interested in the family member's vocational rehabilitation.

The focus of the counselor's involvement with families at this stage is to explore with family members how they can assist in the job training and/or job placement process. Specific suggestions can be made, such as providing transportation to training or work, providing social and independent living

skills training at home to facilitate the transition to work, or providing support by listening and problem solving as the individual moves into competitive job placement. As the survey indicated, the counselor may also share information about the world of work, emphasizing the critical variables of job safety, job security, and the nature of the potential job environment, i.e., salary, benefits, workers' attitude toward persons with disabilities.

### **Phase of Training and Eventual Placement**

When clients actually enter a training program or begin employment, a crisis may surprisingly occur in many families. Many causes can precipitate the crisis. For example, several survey comments implied that responding to the everyday needs of the person with a disability might be the reason why a marriage or family is staying intact. As the client becomes more independent by progressing through the vocational rehabilitation process, a family member might believe this independence is disruptive both to an essential family role and to family functioning. The perceived change stimulated the crisis.

Other crises can develop because the client has a sudden physical or mental setback or an unexpected lay-off occurs at work.

Each one of these events can cause a serious crisis for family members, and crisis management skills may have to be utilized by the rehabilitation counselor when family contact is possible. Intervention directions for a family crisis can include: the identification of what really is causing the crisis; assisting the family to break the assumed problem(s) into manageable pieces; facilitating the free

expression of feelings; and helping the family members to explore with the client other vocational rehabilitation options or other ways to achieve a satisfying family life. When difficulties occur, counselors need to communicate that they also are struggling to determine how best to help the person with a disability. This awareness will eventually help families to come to terms with their own hopes and fears.

### **Implications for Counselor Education**

If these four suggested functions are to be performed effectively, then preservice and inservice training programs can be developed for rehabilitation counselors. The survey findings indicated many issues that could be addressed during training, such as the following: \* The necessity of being aware that some contact with the available family can make a difference for the client's progress through the vocational rehabilitation process. An issue to be stressed is that while counselors usually have large case loads, attention to a family does not have to compromise these demands. \* The importance of knowing what the rehabilitation counselor can and cannot do with the client's family should be a necessary part of training. Many rehabilitation counselors are quite cautious about family contact because of the possible identification of serious family dysfunction and their own lack of training to deal with it.

Training could indicate patterns of family dysfunction that influence the client's participation in the rehabilitation process, and then outline the skills necessary to make an effective referral to community resources for family assistance. \* When family contact is possible, the counselor can assume different functions, i.e., assessment, provider of information and support, and crisis management. During training each function can be carefully explained in the context of specific agency goals. \* The sharing of experiences that counselors have had with clients' families is a vital part of in-service training. The exchange of case examples might convince an agency of the importance of family contact, provide ideas on how to deal with specific family situations, and convince some counselors that working with families is feasible within the parameters of their responsibilities.

### **Conclusion**

An awareness of how family members can be valuable resources for achievement of rehabilitation goals provides important contributions to the rehabilitation counselor's intervention strategies. The family remains the primary source of community care; some family members are even case managers who have learned to negotiate complex entitlement and community services in order to meet the needs of the person with a disability. Providing attention to family enlarges one's ability to offer quality services to clients. Further research could explore if family needs differ according to the type of disability diagnosed with the family member. Also, within the same disability grouping, each family may have different needs. The identification of this specific information might help to shape more effective, timely intervention approaches. The final analysis, rehabilitation counselors must learn to see clients' families as part of the solution, rather than just part of the problem.

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