

Dembo's Probabilities and Possibilities: Hope and the Clinical Judgment of Rehabilitation

Counselors Who Work with Transition-Age Youth

by

Constance Richard

A dissertation submitted in partial fulfillment of

the requirements for the degree of

Doctor of Philosophy

(Rehabilitation Counselor Education)

at the

UNIVERSITY OF WISCONSIN-MADISON

2024

Date of final oral examination: 7/24/2024

The dissertation is approved by the following member of the Final Oral Committee:

Jina Chun, Assistant Professor, Rehabilitation Psychology and Special Education

David A. Rosenthal, Professor Emeritus, Rehabilitation Psychology and Special

Education

Malachy L. Bishop, Professor, Rehabilitation Psychology and Special Education

Daniel M. Bolt, Professor, Educational Psychology

© Copyright by Constance Richard 2024

All Rights Reserved

DEDICATION

To Tamara Dembo, Ph.D. and David Rosenthal, Ph.D.,
It is a privilege to be in conversation with you both
and for
Quinn, Jose Antonio, Javier Ignacio, and Shuyu,
May you always have hope

ACKNOWLEDGEMENTS

Joseph Campbell (1949) believed that all stories can be boiled down to one story, the hero's journey. It feels very lofty and perhaps even elitist to claim hero status for completing a Ph.D. Yet, the last four years, *this* story has been about transformation and change, about hope, which I would argue is the heart of the monomyth. Luckily, I have not found any villains, but I have encountered mentors, allies, friends, and threshold guardians. Each one of them has been an undeniable part of the story of my growth and this dissertation. The narratives I could tell of how each of the mentors, allies, friends, or threshold guardians have helped, supported, inspired, or guarded passages does not lend itself to the few short lines that the acknowledgement allots for each of them. I would need to be a stronger writer than I to capture the complexity, the beauty, the drudgery, the simplicity, the challenge, and ultimately, what they mean to me in such brevity.

I simply don't have the poetry for the individuals I've met or brought along with me on my journey. But Auden (1970) once said, "proper names are poetry in the raw. Like all poetry they are untranslatable"(p.22). So it feels fitting, to acknowledge where our stories overlapped—however long or short—by providing a glimpse of their poetry: Catherine Anderson Ph.D., Malachy Bishop Ph.D., Daniel Bolt Ph.D., Melissa Brand PsyD., CaPROMISE participants, CCI participants, Vivien Chia, Jina Chun Ph.D., Sandy Conder Ph.D., Sara Curtiss Ph.D., Sean Cutting, Beth Daugherty, Scott Daugherty, Charles Degeneffe Ph.D., Michael Frain Ph.D., Hannah Fry Ph.D., Melissa Garcia, Mari Guillermo Ed.D, Cameron Hird, Lisa Hird, Julia Hobbs, Christiaan Kier, Gloria Lee Ph.D., Sandra Lopez-Borja, Renee Melton, Carlyn Mueller Ph.D., Sara Park, Kory Pucker, Anne Richard, Carolyn Richard, Jennifer Richard, Laura Richard-Barasch, Robert Richard, Vern Richard, Andrea Rion, Quinn Rion, Richard Rosenberg Ph.D., David Rosenthal Ph.D., Frances Siu Ph.D., Leann Smith Dewalt Ph.D., Katherine Shephard-

Jones Ph.D., Xiaolei Tang Ph.D., Timothy Tansey Ph.D., Elinor Terrell, Dynel Williams, Yahara House Colleagues, and Kaiqi Zhou Ph.D.

A special thank you to Norm and Barbara Berven who through their support of the Norman L. and Barbara M. Berven Professorship in Rehabilitation Psychology at University of Wisconsin-Madison helped make this dissertation possible; and to the Commission of Rehabilitation Counseling Certification who allowed me to survey their counselors.

ABSTRACT

Vocational hope is ever present when working with young adults in vocational rehabilitation. Yet, there is limited extant literature about the influence of hope in the vocational rehabilitation process. What little information does exist both implies and even states that transition-age youth (TAY) with disabilities, in the eyes of transition specialists and counselors, may have unrealistic expectations and hopes (Bekken et al., 2021; Jivanjee et al., 2009; Pleet-Odle et al., 2016; Reisen et al., 2014). One of the founding mothers of rehabilitation psychology and counseling, Dembo (1964), suggested that professionals and parents [and this researcher would also say the transition-age youth with a disability] have very different understandings of the professionals' roles and orientations and the parents' or transition aged youth's roles and orientations regarding hope. In the professional and client relationship, professionals develop decisions that are framed around their "certainties for the future," also known as the "dictum of probabilities," versus the parents' and transition-age youth's expectations that the professional will provide hope for the future, which Dembo framed as the "dictum of possibilities." Dembo theorized that rehabilitation professional underestimated their consumers. The study investigated rehabilitation counselors' orientation towards Dembo's (1964) dictum of probabilities and the dictum of possibilities. Rehabilitation counselors reviewed case materials that depict one of three levels of a hypothetical TAY client's vocational aspirations as a proxy for vocational hope. The rehabilitation counselor assessed the client on the estimate of vocational potential and a general evaluation of the client. The study's finding supported Dembo's conceptual understanding of the influence probabilities and possibilities. The majority of study's participants did not take in consideration the consumer's vocational hope and the desire for a better future. The RC

estimated that *the highest vocational potential* that hypothetical consumer would obtain would be low-skilled and low-waged employment. Furthermore, due to conducting repeat measures, there was evidence to support confirmatory bias in the clinical judgment counselors. RCs seemingly overlooked the consumer's predictors of success. RCs seemingly underestimated the hypothetical consumer. Suggestions on how to cultivate a clinical judgment orientation that works with both probabilities and possibilities are provided.

TABLE OF CONTENT

DEDICATION	i
ACKNOWLEDGEMENTS	ii
ABSTRACT	iv
LIST OF FIGURES AND TABLES	x
CHAPTER ONE.....	1
Statement of the Problem.....	2
Theoretical Framework	5
Research Questions	12
CHAPTER TWO.....	14
Transition Outcomes of Youth with Disabilities.....	15
Self Determination, Engagement, Empowerment, Choice, and Transition-Age Youth	16
Current Transition Legislative Landscape	19
IDEA: The Legal Foundation for Engagement and Self-Determination through the ITP	19
Workforce Innovation Opportunity Act (WIOA).....	22
WIOA and Career Pathways	23
Rehabilitation Counseling and Transition.....	24
Effective Transition Counselor Traits	26
Experience of Adolescents and Parents Engagement in Probabilities of Transition.....	27
Hope (The Dictum of Possibilities).....	29
Defining and Reframing the Role of Hope.....	30
Hope Narratives.....	32
Vocational Hope.....	35
Hope and Career Development	37
Is Hope Problematic?	38
Hopelessness.....	41
Clinical Judgment Model Using Hope	42
Hope Inspiring Competence	43
Psychological Affordances.....	45
Uncertainty and Ambiguity.....	48
Clinical Judgment and the Dictum of Probabilities	50
Heuristic Judgments and Confirmatory Bias.....	51

Overconfidence Bias	52
Clinical Judgment Models and Rehabilitation Counseling	53
Clinical Judgment Models and Positionality	55
Dembo's Dictum of Probabilities and Possibilities.....	56
Conclusion.....	58
CHAPTER THREE	60
Research Design.....	60
Research Questions	61
Sampling Plan	62
Case Materials	64
Justification of the Hypothetical Consumer's Characteristics.....	66
Measurements.....	67
The Estimate of General Evaluation of the Client.....	68
Estimates of Vocational Potential-Revised	69
Confidence Level in Vocational Potential.....	69
Tolerance of Ambiguity	70
Vocational Hope.....	71
Demographic Information	71
Subjects	72
Procedures	75
Expert Panel.....	75
Pilot Testing.....	78
Data Collection.....	79
Transparency of the Purpose of the Study Check	82
Listing of Information Considered Important in Ratings and Determination	82
Data Analysis	82
Preliminary Screening	83
Missing Data.....	83
Descriptive Analysis.....	83
Analysis of Variance (ANOVA) Assumptions	84
Moderation Analysis	85
Chapter Four.....	86

Transparency of the Study..... 87

Recall of Vocational Aspiration..... 88

Descriptive Statistics 89

 Demographics..... 89

Preliminary Analyses 92

 Mahalanobis Distance Results..... 92

 Normality Assumption Results..... 92

 Assumptions 94

Results of Research Questions 94

Chapter Five 107

Discussion..... 107

 Summary of Findings 107

 Demographic and Rehabilitation Counselor Specific Information 107

 One-Way ANOVAs with Repeated Measures Analyses..... 110

 Moderation Analyses..... 111

Discussion 111

 The Realm of Probabilities versus the Realm of Possibilities..... 111

 Why are Rehabilitation Counselors Seemingly Not Orientated Toward the Dictum of Possibilities? 114

 Potential Answer: Confirmatory Bias 115

 Potential Answer: The Very Real Realities of the Now 116

 Potential Answer: Lack of Competence and Knowledge of RCs on WBLEs..... 117

 Potential Answer: Lack of Interagency Collaboration and Knowledge to Provide Effective Services..... 118

 Potential Answer: The Failure to Account for Emilio’s Career Developmental State..... 119

 “The Future is an Infinite Succession of Presents”: A Justification for Hope 120

Limitations of the Study..... 122

Implications 124

 Clinical Practice..... 125

 Rehabilitation Counselor Training 128

 Training for Existing RCs 135

 Further Directions in Research..... 136

Conclusion.....	140
References	146
Appendices	168
Appendix A	168
Appendix B.....	170
Appendix C.....	195
Appendix D	220
Appendix E.....	245
Appendix F	247
Appendix G	248
Appendix H	249
Appendix I.....	250
Appendix J.....	251
Appendix K	252
Appendix L.....	259
Appendix M.....	262
Appendix N	263
Appendix O	264
Epigraph	265

LIST OF FIGURES AND TABLES

Table 1. <i>Variables/Constructs, Instruments, and Domains</i>	68
Table 2. <i>Participant Demographic Characteristics</i>	72
Table 3. <i>Measurement of Scale Summary</i>	90
Table 4. <i>Correlation Matrix of Study Variables (N=100)</i>	91
Table 5. <i>Endorsement of Potential Occupations in Estimated Vocational Revised for Time One</i>	92
Table 6. <i>Endorsement of Potential Occupations in Estimated Vocational Revised for Time Two</i>	92
Table 7. <i>Descriptive Statistic for Estimate of Vocational Potential-Revised</i>	95
Figure 1. <i>Estimated Marginal Means of Estimate of Vocational Potential-Revised</i>	96
Table 8. <i>Descriptive Statistic for General Evaluation of the Client</i>	96
Figure 2. <i>Estimated Marginal Means of General Evaluation of the Client</i>	97
Table 9. <i>Descriptive Statistic for Confidence in the Estimation of the Vocational Potential</i>	98
Figure 3. <i>Estimated Means of Confidence in Estimated Vocational Potential</i>	100
Table 10. <i>Descriptive Statistic for Estimate of Vocational Potential (time one)</i>	101
Table 11. <i>Descriptive Statistic for Estimate of Vocational Potential-Revised (time two)</i>	102
Table 12. <i>Descriptive Statistic for General Evaluation of the Client (time one)</i>	103
Table 13. <i>Descriptive Statistic for General Evaluation of the Client (time two)</i>	103
Table 14. <i>Descriptive Statistic for Confidence of Estimated Vocation Potential-Revised (time one)</i>	104
Table 15. <i>Descriptive Statistic for Confidence of Estimated Vocation Potential-Revised (time two)</i>	104

CHAPTER ONE

Introduction

“The effective therapist communicates hope.” Wampold (n.d, p. 4).

One of the founding mothers of rehabilitation psychology and counseling, Dembo (1964), in her seminal lecture, “Sensitivity of one person to another,” explored the possible reasons why rehabilitation professionals are often portrayed as insensitive to the needs of individuals with disabilities and their families. In particular, she explicated a scenario that deals with parents seeking a consultation from a professional about their child with a disability. Befuddled parents are often met with bleak clinical prognostications about their child’s future, which ultimately fail to address the child’s current needs or those of their family. Dembo suggested that the disconnect between the professionals and parents partly resulted from discrepant understandings of both parties of the likelihood of improvement. Thus, professionals and parents [and this author would also say the child with a disability] can have very different understandings of their respective roles and orientations regarding hope. In the professional and client relationship, professionals develop clinical decisions that are framed around their “certainties for the future,” also known as the “dictum of probabilities,” versus the parents’ expectations that the professional will provide hope for the future, which Dembo framed as the “dictum of possibilities.” In this context, Dembo pointed out the importance of hope and provided guidance for professionals on how to deal with its uncertainties. Yet the disparity between the professional position and the client’s and their family’s position is seemingly still present today.

The disconnect that Dembo so eloquently illustrated is still found in contemporary research which both implies and even states that transition-age youth (TAY) with disabilities

may have unrealistic expectations of vocational rehabilitation (Bekken et al., 2021; Jivanjee et al., 2009; Pleet-Odle et al., 2016; Riesen et al., 2014). Currently, rehabilitation counseling has limited evidence-based practices for the population (Mazzotti et al., 2021), which makes the vocational transition practices filled with uncertainties. In addition, the youth's future career path is relatively unknown, but what is known is that individuals with disabilities face barriers to employment. Recent research has identified specific barriers for TAY with disabilities, including lack of work experience, transportation problems, lack of accommodations, attitudinal barriers, lack of knowledge and use of their rights under the Americans with Disabilities Act, and disability-specific barriers (Fabian et al., 2021; Goodall et al., 2022; Noel et al., 2017). Nevertheless, even without a disability, emerging adulthood is filled with possibilities and uncertainties (Lee & Carter, 2012). It is a time of great opportunity and great unknown, a time of great possibilities.

Statement of the Problem

Although emerging adulthood is filled with uncertainties for all individuals, regardless of disability status, Bekken and colleagues (2021), in their qualitative study in Norway, described what Dembo (1964) would most likely say is the extreme response to the dictum of probabilities. The extreme response to the vocational hope of TAY with disabilities is when professionals working with individuals with disabilities squash vocational hope. The vocational rehabilitation professionals' in the study found the TAY with disabilities specific vocational hopes for a future career, the dictum of possibilities, to be irrelevant. The rehabilitation counselors did not see the vocational hopes, the dictum of possibilities, of the youth as realistic; and thus, the rehabilitation counselor felt the need to firmly shut the door to seemingly developmentally appropriate hopes and labeled them a dead end. Instead, the focus and approach to career development are on what

the rehabilitation counselor deems as “realistic” expectations for employment, the “orderly” and “right” answers to the dictum of probabilities. The judgment to focus on “realistic expectations,” the dictum of probabilities, is in response to what Bekken and colleagues framed as three ethical dilemmas: the resource dilemma, the responsibility-liability dilemma, and the preference formation dilemma. The resource dilemma for Bekken and colleague’s rehabilitation service professionals surrounded issues of the time—the service professionals’ lack of time to provide person-centered care, the length of services needed for a youth’s aspiration versus the funding available, and the likelihood of finding a job that accommodates a youth’s needed schedule. The responsibility-liability dilemma for Bekken’s practitioners focused on how much responsibility one should give to an emerging adult. The professionals questioned the ability of the TAY with disabilities to be able to take on full responsibility for their career decisions onto themselves. The final dilemma, preference formation, focused on the rehabilitation service professional’s clinical judgments and knowledge of various challenges that the youth may face due to their disability, such as loneliness or the acceptance and implications of the functional limitation of their specific disability to their desired career aspirations. In the study, professionals felt they must address unrealistic hopes, the dictum of possibilities, because embracing such hopes could cause suffering. The rehabilitation services professionals did not want to cause additional pain for the youth when dreams were unrealized. Yet, rehabilitation professionals found it hard to be explicit about their assessments and would avoid talking to both the TAY with disabilities and the parents of TAY with disabilities. Bekken and colleagues surmised that the professionals were ambivalent about their roles in preparing youth for the future in a “society that does not accept, recognize, or include people with impairments...It is difficult to talk about aspirations because they are afraid that they will give [TAY] false hopes for the future” (p.345). One can argue that

the dictum of probabilities helped to create the rehabilitation professionals' clinical judgment that conscripted the choices and future of the TAY with disabilities.

Granted, the vocational rehabilitation system in United States differs from that in Norway, but the phenomenon of saying no to a TAY's with disabilities vocational hope and embracing the dictum of probabilities, one may assume, is not. In the scant existing relevant quantitative research, the rehabilitation counselor's struggle with the dictum of probabilities and possibilities is echoed in Riesen et al.'s (2014) Delphi study when they found that rehabilitation counselors see youth and parents' unrealistic expectations as a moderate barrier to successful employment outcomes for TAY. Similarly, in Pleet-Odle and colleagues (2016) qualitative study that focused on what transition professionals can do to help create high expectations in families, a parent summarized their and others' experiences around hope for their children's future:

From the earliest years, families [with children with disabilities] often get feedback when they state something positive about their child's current or future life trajectory, that they are "being unrealistic," and that they are "in denial." Many professionals feel as if it would be a disservice to families to give them "false hope." I worry far more about "false despair" as contrasted to "false hope." Many families are enveloped in "false despair," and their coping strategy is "to take a day at a time" rather than to think about the future.

The dictum of probabilities, without the acknowledgment of possibilities and honoring the power of hope, is present in the experience the many families have had with rehabilitation professionals. Adaptive behaviors that would engender a better future may not be utilized due to the overwhelming despair that comes with accepting the dictum of probabilities. Hope has been lost. The qualitative studies point to transition professionals in the United States embracing the

dictum of probabilities and even going to the extreme to dissuade families and individuals of their vocational hopes.

Rehabilitation counseling research has paid little attention to the disconnect between client and rehabilitation counselor around probabilities, possibilities, and the need for hope. As Dembo (1964) so eloquently stated, we don't know enough about the dictum of possibilities, about the power of hope in the face of uncertainties versus the dictum of probability, an irrational certainty of the future. Dembo's dictum of possibilities and the dictum of probabilities have never been operationalized in any study. So, in honoring Dembo's conceptual understanding of the role of possibilities and probabilities in clinical judgment, this study operationalized the orientation towards Dembo's dictums of probabilities as tolerance of ambiguity (the comfort level one has towards uncertainties). The current study focused on the clinical judgment of rehabilitation counselors that work with TAY with disabilities; thus, the orientation of the dictum possibilities, the approach to a better future, is the youth's vocational hope.

Theoretical Framework

Dembo posited that families with children with disabilities *need* hope, need the dictum of possibilities, to buffer "suffering" and to create motivation to engage in adaptive behaviors. She deduced that a family's hope, or the individual's with disabilities hope, is not the hope of a cure but hope for improvement, whereas she judged that a professional in such a scenario has little room to provide hope; his or her role is to provide objective statistical prognostications—to embrace probabilities because they are known. Furthermore, she surmised that some professionals may decide that they need to dissuade the caregiver or individual of their hopes because they want parents and/or individuals to be "realistic" about the future. The professional's clinical decisions, the dictum of probabilities, embraces probabilities and certainties, whereas the

parents and/or individuals with a disability's approach to the dictum of possibilities embraces the ambiguity associated with disability and the uncertainty of hope, and thus the possibilities of a better future. Each member of the duo is choosing a view of an unwritten future. In Dembo's explication, parents' and individuals' views are based on possible realities and hopes for the future. The professionals' views are based on probabilities and statistical realities, not on hopes for any type of improvement.

Dembo's understanding of the dictum of probabilities proscribes a way of being. She wrote that the probability dictum embraces the idea that "it is the most reasonable to believe that the most probable outcome will take place"(p.233). Yet, Dembo surmised it to be paradoxical that high probabilities are used to create a belief that the probabilities will occur. She deduced that the belief in probabilities was "supported by the requirement of unilateral guidance needed for orderly planning in life"(p.253). Ambiguities and complexities of the unknown are not welcome in the dictum of probabilities because they do not provide a "right" and "orderly" answer, whereas possibilities embrace complexities, uncertainties, and hope; there are no orderly or right answers. In the dictum of possibilities, the future is unknown and yet malleable; there are reasons to hope.

Similar to Dembo's understanding of the motivational function of hope, Mishel (1990) theorized that an individual with chronic illness (and this author would argue the applicability to all disabilities) develops an orientation to life that embraces uncertainties and ambiguities. The new view is engendered by probabilistic and conditional thinking; it accepts ambiguity as an essential thread in life, and thus, through various contingencies of life, uncertainty can become an opportunity and even a probability. Dembo (1964) and Mishel (1990) posited that embracing uncertainties and ambiguities is a vital part of adaptation to disabilities. And yet, rehabilitation

providers are often taught that decisions based on statistical probabilities alone are accurate and necessary to be competent professionals (Dawes et al., 1989). Ultimately, the division between the dictum of possibilities and the dictum of probabilities is based on orientation and positionality of life.

Like any argument, embracing probabilities or possibilities is a decision-making process that Dembo (1964) judged fraught with uncertainty. Dembo stated:

Let us admit and state bravely that we do not know whether, when, and under what circumstance the viewpoint of the professional or of the parent [or the individual with a disability] is to be recommended. It is a fact that as scientists or researchers, as experts in knowledge, we have at present no scientific basis for stating to a parent [or individual with a disability] what approach to take(p.234).

The future is uncertain, and rehabilitation professionals need to embrace ambiguity.

Dembo also surmised that the dynamic of her explicated scenario could play out between anyone who has “suffered a loss,” and in the professional nomenclature of the day, that would include all people with disabilities. Although it is nearly 60 years since Dembo provided a way to address the disconnection between possibilities and probabilities, no studies have investigated the rehabilitation counselor’s orientation towards the dictum of possibilities or probabilities. However, there is extant research in medicine that focuses on uncertainties, for that field has actively acknowledged that it is at the cornerstone of clinical judgment. In medicine accepting and dealing with uncertainty is a recognized domain of professional competence. Medicine acknowledges that the decision-maker may not have all the information needed to understand the possible futures (Hicks, 2014).

Han and colleagues (2011) created a conceptual taxonomy of uncertainty in healthcare. Through an interdisciplinary review of the uncertainty literature, they defined uncertainty as having three dimensions: probability, ambiguity, and complexity. They argued that these dimensions could be a catalyst for uncertainties in the scientific, practical, and personal arenas where goals and roles are created and met. And thus, uncertainties can be found in the diagnosis, prognosis, treatment options, quality, and care access which effects treatment, personal goals, relationships, and meaning of life. Han and colleagues' dimensions can obviously be found in the rehabilitation counseling arena too. As Dembo (1964) and numerous researchers have pointed out, uncertainties are in every aspect of life, in every decision, and in every hope for the future. In fact, Dembo posited that uncertainties and possibilities create hope.

Dembo deduced that the divide between the parent or the individual with a disability (the insider) and the professional (the outsider) around hope resulted from the confluence of their positionality, purpose, and understanding of the likelihood of improvement. Thus, positionality, the insider-outsider dynamic, creates very different understandings of the provider's role and orientation and the parents' role and orientation regarding hope. Positionality acknowledges how one's social location affects one's world view, thus, how one responds to power differentials (Warf, 2010). Examples of elements that inform positionality are education, age, ethnicity, gender, religion, social class, disability status, etc.; ultimately, they are social identities that are often associated with power, privilege, and/or oppression. Positionality affects the way individuals' construct their knowledge and, thus, their understanding of the world (Hardy & McGoldrick, 2008; Johnson, 2006; Martin & Gunten, 2002). As McGeorge and Carlson (2010) stated, acknowledging positionality is acknowledging that "larger contextual factors, outside of

the control of individuals and families, play a significant role in shaping behaviors and decision-making.”

Researchers have found that positionality and power differential has affected clinical judgment in rehabilitation counseling. As Strohmer and Leierer (2000) summarized in their model of rehabilitation counselor clinical judgment, the clinical judgment literature points to rehabilitation counselors being susceptible to systematic bias with client variables. An example of how bias impacts assessment, eligibility determination, and service plans is Rosenthal’s (2004) analogue study. When rehabilitation counselors were presented with identical sets of case materials, with the only difference being the race of the hypothetical transition-age youth consumer (one was Caucasian, and one was African American), Rosenthal determined that rehabilitation counselors underestimated the African American client. Furthermore, the results suggested confirmatory bias. Confirmatory bias is the propensity to continue to believe in one’s initial assessment, even when additional information contradicts the initial evaluation. Positionality affects the rehabilitation counselor’s clinical judgment, and thus affects the possibilities for client.

Dembo provided a way for professionals to embrace uncertainty, honor hope in clinical judgment, and defuse potential power differentials due to positionality. She proposed a middle path in the spectrum between the dictum of possibilities and probabilities. Her suggestions would empower parents and moderate the potential biasing power of the clinician. Dembo’s five suggestions specific to professionals are: (a) clinicians need to acknowledge that they cannot truly know if the probable or possible approach is better; (b), that their views, values, and thus expectations come from their personal opinions; (c) clients/consumers come to them for succor and hope—even if it is momentarily—to alleviate suffering; (d) it is also the professional’s role

to empower individuals to seek out information, disagree, advocate, and hope no matter what the clinician's viewpoint is; and (e) clinicians need to underscore that their clinical judgment reflects their own orientation towards the probable or possible approach. Ultimately, Dembo asks clinicians to self-reflect on their positionality, acknowledge both probabilities and possibilities, be empathetic/person-centered, and thus use their competencies to provide grounded hope.

Purpose of the Study

Even though we have Dembo's sixty-year-old prescription on how to address the need to provide objective probabilities and still be sensitive to the need for hope, we lacked knowledge of how rehabilitation counselors orient to the dictums of probabilities and possibilities. Through an exploratory analogue quantitative investigation (with qualitative follow-up), this study aimed to investigate the rehabilitation counselor's orientation towards the dictum of probabilities--operationalized as tolerance of ambiguities—and the dictum of possibilities as operationalized as the TAY's expressed employment goal as a proxy for vocational hope.

The study's findings start to fill the void in the literature regarding the impact of probabilities and possibilities on the clinical judgment of rehabilitation counselors. The review of literature, alone, suggests a need to create of a shared decision-making model based on Dembo's prescription on how to navigate the intersections of probabilities and possibilities. Dembo's suggestions provide a framework for counselors and consumers to discuss goals, expectations, and hope. The current study furthers our understanding of the counselor consumer relationships.

Additionally, the current study's findings suggest a connection between RC's confirmatory bias and its connection to the dictum of probabilities and hope, and as such further follow-up studies are warranted. Similar analogue studies looking at the influence of various disability types, age, gender, race and/or ethnicity and the TAY's vocational hope on clinical

judgment are warranted too. Furthermore, it's safe to assume that the disconnect between probabilities and possibilities, do not just exist for TAY only.

In the current study, rehabilitation counselors reviewed case materials that depict one of three levels of a hypothetical TAY client's vocational aspirations as a proxy for vocational hope. The three levels of vocational aspiration depicted employment goals with increasing complexity regarding skills, prestige, educational attainment and/or length of time to obtain; thus, they are anticipated to have corresponding uncertainty. The hypothetical consumer's levels of vocational aspiration vary in depiction of reality appraisals and surveillance, which are the breeding grounds for hopes to become true (Wright & Shontz, 1968); however, one level of vocational aspiration is perhaps more of a wish than a hope because there is limited reality grounding. The level that is more of a wish than a hope is what Wright and Shontz (1968) termed a "hope against hope" because there's a "low level of probability" of it coming true because there is reality appraisal or surveillance. Thus, the case materials depicted varying degrees of a hypothetical client's hope levels due to reality appraisal and surveillance. The case materials, in their respective conditions, depicted a client with highly complex vocational aspiration, a robotic engineer, with high support needs (high hope), one that depicted a TAY with an average level of support needs (moderate hope), motorcycle mechanic, and one that depicted a TAY with a low level of complexity of vocational aspiration, "just a job", with little support needs because any job and not a career would do (low hope). In time one, the rehabilitation counselor rendered an initial judgment with minimal information provided on the overall employment goal and an estimate of vocational potential.

Subsequently, in time two, additional information was provided that substantiates the rationale for client's vocational hope and another assessment of the client was conducted to

assess the potential for confirmatory bias. Furthermore, obtaining additional information mimics the “real” life process of obtaining client information, which increases the validity of the study. The rehabilitation counselor was then asked to assess the client again on the overall employment goal via estimate of vocational potential. The cases were held identical except for the independent variable, the depiction of the TAY’s with disabilities vocational hope. Through statistical analysis, measures of vocational potential, general evaluation of the client, confidence in the estimate of vocational potential, tolerance of ambiguity, counselor’s own vocational hope, and positionality assessed the influence of the rehabilitation counselor’s orientation towards the dictum of possibilities or probabilities on their clinical judgment.

Research Questions

The research questions in the present study are as follows:

Research Question (RQ) 1. Do the rehabilitation counselors’ estimates of TAY’s vocational potential differ between two-time points?

RQ 2. Does the rehabilitation counselors’ general evaluation of the TAY’s differ between two-time points?

RQ 3. Does the rehabilitation counselors’ estimate in their confidence differ between two points in time?

RQ 4. Do the estimates of TAY’s vocational potential differ between two time points as a function of TAY’s vocational hope?

RQ 5. Does the rehabilitation counselor’s general evaluation of the TAY’s differ between two time points as a function of TAY’s vocational hope?

RQ 6. Does the rehabilitation counselors’ estimate in their confidence differ between two points as a function of TAY’s vocational hope?

RQ 7. Is there a significant difference in rehabilitation counselor's estimates of TAY's vocational potential among three different levels of hope at time one and time two?

RQ 8. Is there significant difference in rehabilitation counselors' estimates of TAY's general evaluation among three conditions at time one and time two?

RQ 9. Is there significant difference in rehabilitation counselors' estimate in their confidence among three levels of hope at time one and time two?

RQ 10. Does the rehabilitation counselor's tolerance of ambiguity moderate the relationships between TAY's vocational hope and the counselor's clinical judgment?

RQ 11. Does the rehabilitation counselor's vocational hope moderate the relationships between TAY's vocational aspiration as a proxy for vocational hope and the rehabilitation counselor's clinical judgment?

RQ 12. Does disability status moderate the relationships between TAY's vocational hope and the rehabilitation counselor's clinical judgment?

CHAPTER TWO

Literature Review

“Hope is the thing with feathers.” (Dickinson)

Dembo (1964) acknowledged that clinical judgment researchers who investigate the relationship between client and provider must embrace scientifically valid realities, but that none existed on whether the hopeful—the realm of possibilities— or the realistic—the realm of probabilities— approach is best. As she stated:

Let us admit and state bravely that we do not know whether, when, and under what circumstance the viewpoint of the professional or of the parent [or the individual with a disability] is to be recommended. It is a fact that as scientists or researchers, as experts in knowledge, we have at present no scientific basis for stating to a parent [or individual with a disability] what approach to take (p.234).

The future is unwritten; for, as Nichols (2006) noted, “every decision which a person makes creates a new future and a set of virtually infinite consequences”(p.41). Probabilities are only the likelihood of one of those infinite consequences of occurring. Rehabilitation counselors’, like all rehabilitation professionals’, clinical judgment is executed “reasoning under uncertainty” (Redelmeier et al., 2001). The uncertainty that is inherent in clinical judgment, the uncertainty of TAY with disabilities’ future, the rehabilitation services and interventions provided to TAY with disabilities, the need for choice, and power and utility of hope, are all explicated in this literature review to explore the intersections of the clinical judgment of rehabilitation counselors who work with TAY with disabilities and the dictums of probabilities and possibilities.

Transition Outcomes of Youth with Disabilities

As the opening statement to the Office of Special Education and Rehabilitation Services (OSER) document that established transition as a national priority, Will (1984) wrote: “Youth with disabilities face an uncertain future when they leave the nation’s public schools (p.1).” Close to forty years later, this opening line still holds true. The uncertain future that OSER acknowledged does not come from high expectations, hope, possibilities, but the probabilities of poor employment outcomes. Along with the high unemployment rate of 50% to 80% for people with disabilities, Will pointed out that even individuals with disabilities who obtain employment through vocational services “often experience low wages, slow movement toward employment, and segregation from their non-disabled peers (p.1).” The uncertainties Will evoked at the beginning of the OSER document are about what the past and, sadly, what current probabilities predict too.

The dismal outcomes that the federal initiative was meant to address are still issues of today. Assessing data collected thirty-eight years later, the United States Bureau of Labor Statistics (2023) found that 78.7 percent of people with disabilities were unemployed, 30% of individuals with disabilities who were employed were employed part-time, individuals with disabilities were less likely to obtain a college degree, and that they were less likely to work in “management, professional, and related occupations” and were more likely than people without disabilities to work in service, production, transportation, and office work in 2022 (p.2). The occupations where individuals with disabilities that the BLS acknowledge are “over-represented” echoes Smart’s (2016) “five Fs”—food, filth, folding, filing, and flowers “and even Bergmann’s (1974) concept of occupational segregation for individuals with disabilities. The current data seemingly suggests that individuals with disabilities are being conscripted in their occupational

choices and not being included in society. The probabilities outcomes for transition-age youth are poor, and thus their life trajectories are uncertain.

Self Determination, Engagement, Empowerment, Choice, and Transition-Age Youth

In the last forty years, the United States of America's federal government has taken numerous concrete and positive steps to address the poor outcomes of TAY with disabilities. Four years after transition was made a national priority, in 1988, self-determination became another OSERS national initiative. Self-determination since then has become a driving ethos of special education and transition.

Ward (1988) operationalized self-determination as “the attitudes which lead people to define goals for themselves and the ability to take the initiative to achieve those goals”(p.2). Self-determination, with its focus on the individual's with disability agency, obviously parallels the dictum of possibilities. Choices are essential, whether motivated by possibilities or probabilities. Ward (2005), who also acknowledged that self-determination is an abstract concept, further clarified the self-determination mechanism of action when he wrote:

It is about taking control over one's life to the extent possible or desired by the individual.

Self-determination is not reflected in solely having a choice; it is about the process of choosing or decision-making based on having an array of desirable options. Choice is important and requires a minimum of three options:

- (A) A desirable option (going to a movie);
- (B) Something other than “not A”(not going to a movie and staying in the group home); and

(C) A rejection of A and B in search of C (otherwise known as “none of the above; let’s find other options”; p.110).

Self-determination is about choice—the choice to hope, to dream, to embrace the possibility that what is hoped for and desired might not come, and thus the probabilities of how those choices might and might not come into fruition. For the rehabilitation provider who works with TAY, it should be about engendering critical thinking skills that allows an individual to create and revise informed goals and aspirations. As such, Bremer and colleagues (2003) from the National Center for Secondary Education and Transition pointed out self-determination requires a rehabilitation provider to facilitate problem solving skills, advocacy, and self-esteem, but to also “encourage exploration of possibilities,” help to “develop goal setting and planning” and to “promote reasonable risk taking (p.5).” Wards’ (1998;2005) definitions and Bremer and colleagues delineated tasks also nicely align with Dembo’s (1964) prescription of acknowledging probabilities and empowering individuals to hope. Self-determination is about empowerment and information, and when working with transition-age youth, it should be a rehabilitation counselor’s best practice and thus the ethical responsibility to engender it (Wehmeyer & Gragoudas, 2004). It is also important to note that power of self-determination was shown to be effective through various studies to increase positive adult outcomes for youth with disabilities (Copeland et al., 2002; Gilberts et al., 2001; Ward, 2005.). As Ward noted, Wehmeyer & Palmer (2003) and Wehmeyer & Schultz (1997) follow-up studies found that self-determined transition-age youth have an increased likelihood of better-paying jobs and independence. Furthermore, the positive outcomes of choice making, and thus self-determination, has also been found in vocational rehabilitation. Farley et al (1992) found an increase of positive career development outcomes for consumers who had vocational counselor’s employing enhanced consumer choices

strategies and thus the consumers were more actively involved in the process. Another study, Hartnett et al (2002) on choice and the vocational rehabilitation process found that the choice group engaged with VR more and their income overall was 2.7 times higher than the non-choice group. Self-determination, involvement, choice, engagement is powerful predictor of success.

Choice is a key to involvement and thus participation which ultimately creates a better quality of life. A self-determined individual is an empowered individual. As Kosciulek (1999) noted that agency to choose, to be self-determined, to be empowered is intimately connected to overall increase quality of life and engagement. He concluded that “[e]mpowering people with disabilities to have control over the policies and practices that directly affect the lives can achieve this important objective”(p.4). Kosciulek (1999) in fact developed a conceptual framework for the Consumer Directed intervention that embraces empowerment and thus self-determination for rehabilitation counseling and disability policy to acknowledge that “informed consumers have control over their lives and environment”(p.4). His conceptual framework has three assumptions: individuals with disabilities are the experts on their needs, choice and control for individuals with disabilities exist in all service areas, and money should not determine choices. Self-determination is at the core of choices. Sadly, Shogren and Ward (2018) in reviewing current research on self-determination and positive post-school outcomes—increased participation, choices, quality of life and recreation participation—deduced there was still a critical need for development self-determination skills and opportunities and that there was a wide body of literature that pointed to the fact that rehabilitation service providers often do not promote self-determination and choice.

Current Transition Legislative Landscape

IDEA: The Legal Foundation for Engagement and Self-Determination through the ITP

After OSER transition initiative was announced, the US federal government took steps to address the need to focus on transition and transition aged youth. As Repetto and colleagues (1990) concluded the government created legislation to “ensure the provision of transition services”; and various amendments over the years were made to The Education of the Handicapped (currently known as the Individuals with Disabilities Education Act (IDEA)), The Rehabilitation Act of 1973, The Fair Labor Standards Act, The Social Security Act and the Tax Reform Act (p.110). The laws have been continually revised to underscore the need, focus, and provide funding to address the poor outcomes. One of the most impactful goal planning mandates for transition came about through the various revisions of IDEA was the individualized transition plan (ITP) portion of the Individualized Education Plan (IEP) in 1990. The ITP component of the IEP is over thirty years old, and section 300.43 Transition services of IDEA 2017 currently states:

- (a) Transition services means a coordinated set of activities for a child with a disability that—
 - (1) Is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child’s movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation;

(2) Is based on the individual child’s needs, taking into account the child’s strengths, preferences, and interests; and includes—

- (i) Instruction;
- (ii) Related services;
- (iii) Community experiences;
- (iv) The development of employment and other post-school adult living objectives; and
- (v) If appropriate, acquisition of daily living skills and provision of a functional vocational evaluation.

(b) Transition services for children with disabilities may be special education, if provided as specially designed instruction, or a related service, if required to assist a child with a disability to benefit from special education.

(Individuals With Disabilities Education Act, 2017)

It is important to underscore that the law acknowledges that one needs to only take in consideration child’s preferences. One can argue that wording of the law “must take into consideration” is written in such away, so that the federal government and local education agency are not required to provide the plethora of services, supports, and possibilities that could cost considerable amount of money due to a youth’s desire. And yet, Wehmeyer & Gragoudas (2004) underscored the importance of section 300.43.2 in the IDEA because it is “referred to as the ‘student involvement’ requirements in the transition mandate” and thus ultimately makes student involvement necessary (p.54). Even though, the law stops short of acknowledging the adolescent’s autonomy, the law does see youth engagement in the process as essential; and as Wehmeyer & Gragoudas concluded are consistent with other laws “like the ADA, which

emphasized empowerment, participatory planning, and greater control for recipients of such services”(p.54). The pillar of successful transition is about self-determination, engagement, and empowerment.

IDEA revisions also mandated that youths can be part of other parts of the IEP process. In fact, involvement in the IEP process is now a predictor of positive transition outcomes (Carter et al., 2012). The advocacy and self-determination skills that engaging in the IEP and ITP process develops are powerful skills that seemingly youths generalize to future. However, the implementation of the revision is problematic. Wagner and colleagues (2012) using data from two longitudinal data sources Special Education Elementary Longitudinal Study (SEELS) and National Longitudinal Transition Study–2 (NLTS-2) found that youth’s participation in IEP meetings ranged from 49.6 % to 82.9%, and when looking at transition planning those youths’ participation ranged from 28.8 to 42.3% for very little or not at all, to 46.9% to 49.3 % provided some input and 10 % to 21.9% who took a leadership role. (p 146). They also found that students who had parents with high expectations—another way of saying a positive future orientation and high hopes—students “were more likely to attend transition planning meetings ($p < .002$, $OR = 1.33$) and to be active participants or leaders in them ($p < .001$, $OR = -1.34$)”(p.150). Furthermore Kucharczyk et al. (2022) through their scoping review of literature noted that the legal requirements were being met, and yet parents and students were dissatisfied by their participation due to “communication issues with school staff, assumptions made of students by school staff and lack of accountability for implementation of the transition plan”(p.73). Self-determination, self-advocacy, high expectations, parental and student engagement are powerful components of possibilities that are seemingly being ignored.

Workforce Innovation Opportunity Act (WIOA)

A relatively current law meant to address the poor outcomes of transition-age youth and the deficit of highly trained individual in the US economy is the Workforce Innovation and Opportunity Act (WIOA) of 2014. Along with other at-risk and underserved populations, WIOA 2014 delineated new responsibilities for schools, state vocational rehabilitation agencies, and other rehabilitation providers to assist youth with disabilities in their transition from high school to university or competitive integrated employment.

WIOA 2014 mandates that state vocational agency collaborate with local education authorities provide five core services to youth (14-24). They are job exploration counseling, work-based learning experience (WBLE), counseling on post-secondary training, work-place readiness and instruction in self-advocacy. To fund the services, the state vocational agencies must earmark 15% other budget for transition-age youth, and 75% of those funds must be spent outside of schools. The expansion of vocational services to young teenagers is due in part to the recognition that long term planning is efficacious to transition success. Teens need to be engaged. It's important to note that the youths who are 14-17 and who receive special education services are considered potentially eligible consumers of state vocational services. In addition, as of 2016, WIOA 2014 created a mandate that before a student is placed in a sub-minimum wage position, students must have career counseling. The government also extended supported employment to 24 months to increase the possibilities of competitive integrative employment. WIOA 2014 also mandated that state vocational agencies are “gatekeepers” to sub-minimum wage positions; state vocational rehabilitation determine if “sub-minimum wage is appropriate for an individual”(Pacer, 2023). WIOA 2014's provisions are meant to provide a framework for students who receive special education service to obtain competitive integrative employment.

WIOA and Career Pathways

Another component of WIOA 2014 that provides a more applied framework for students to obtain competitive integrative employment is its emphasis on career pathways. Career pathways is a systematic approach with supportive services to obtain education and training that is aligned with industry specific skills, experiences, certification, and licensure. WIOA provides a definition of the career pathways:

- aligns with the skill needs of industries in the economy of the state or regional economy involved;
- prepares an individual to be successful in any of a full range of secondary or postsecondary education options, including apprenticeships registered under the Act of August 16, 1937;
- includes counseling to support an individual in achieving the individual's education and career goals;
- includes, as appropriate, education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster;
- organizes education, training, and other services to meet the needs of an individual in a manner that accelerates educational and career advancement to the extent practicable;
- enables an individual to attain a secondary school diploma or its recognized equivalent, and at least one recognized postsecondary credential;
- helps an individual enter or advance within a specific occupation or occupational cluster[Section 3(7) of WIOA, 2014].

The goal of the career pathway is to provide clear steps that lead to long term career advancements and attainment, but it's also designed for flexibility. Each step along the career pathway provides valuable transferable skills and experiences, which enables multiple on and off ramps and way stations along the way. These multiple on and off ramps and waystations allow individuals to change their mind about their overall career path , they can decide to not move forward but embrace their current job as their culmination of their career goal, or continue along their path to their original end goal. Due to its focus on developing experiences, knowledge, and credentials, the career pathway also develops transferable skills that allows for easy transition should change occur. Career pathway allows for the reappraisal process to occur,

As Chun and colleagues (2024) noted the career pathway approach is systems shift for the state vocational rehabilitation programs. Prior to WIOA, closure status (26 successful closure or 28 unsuccessful closure), 90-day placement to Status 26closure regulation, and the lack of clear criteria for quality employment abated counselor's ability to provide support for a thorough career development process. Now, the career pathway approach in state vocational rehabilitation ostensibly allows for "holistic career development" where self-exploration, career exploration, and strategic planning coincides. Supposedly through the federal initiative, closure rates and 90-day placements are no longer driving forces behind the work of a rehabilitation counselor.

Rehabilitation Counseling and Transition

Before the WIOA of 2014, adolescents and emerging adults were part of a rehabilitation counselor's caseload. However, research and resources tended to focus on older adults with disabilities. In fact, the National Council on Disability (NCD) (2000), while investigating the influence of the Rehabilitation Act on youth outcomes (employment and post-secondary

education), found that vocational rehabilitation counselors were ill-equipped to meet “the complex support needs of young adults with disabilities”(NCD, 2000, p. 107). NCD concluded that rehabilitation counseling education programs needed to provide specialized training in transition. However, Plotner and Fleming (2014) found that 92% of rehabilitation counseling education program instructors said there were no specialized transition courses and only 35% of rehabilitation counselor educators in their sample felt that their current students were adequately prepared to work with transition-age youth.

Furthermore, Plotner and Fleming posited that there was a critical need for vocational rehabilitation counselors to develop transition competencies, but there wasn't enough time in the rehabilitation counseling master's level curriculum to develop those competencies; and such, a clinical rehabilitation counselor who focuses on transition was lucky if they had one graduate course that focused on the unique needs of emerging adults' career development process. Plotner and Fleming suggested additional training for post-masters was needed. Granted, with the policy shift stemming from WIOA, more and more rehabilitation counselors and researchers are specializing in transition and attending professional development opportunities, but graduate programs due to the Council on Rehabilitation Education (CORE) and Council for Accreditation of Counseling and Related Educational Programs (CACREP) merger may have even less time than in 2014 to incorporate a specialized course focusing on transition into their curriculum.

Not surprisingly, rehabilitation counseling research into TAY is still only emerging. Using keywords “transition,” “special education,” “school-to-work,” and “youth,” Kierpiec (2012) found that six preeminent journals in rehabilitation counseling from 2002-2012 had only 3.35% (86) of their articles focusing on transition. Although there are predictors of future employment for transition-age youth with disabilities —work-based learning, engagement in the

IEP process (Wheman et al., 2015), social skills, household chores, and family engagement (Carter et al., 2012), to name a few, —exist, the literature comes from the field of special education. The dearth of research from the rehabilitation counseling perspective and for rehabilitation counselors around effective transition is troubling—especially since what literature we do have, qualitative studies from rehabilitation counseling and special education researchers, point to the disconnect between the possibilities and probabilities, between the consumers and the vocational rehabilitation system.

Effective Transition Counselor Traits

Tilson & Simonsen (2012) investigated the qualities of successful employment specialists from Marriot Bridges, a work-based learning program for TAY with disabilities. They felt the Marriot Bridges employment specialist were viable proxies for effective transition vocational rehabilitation counselors. Through analysis of qualitative data, they found highly effective transition counselors have four distinct attributes: principled optimism, cultural competence, business-oriented professionalism, and network savvy.

Tilson & Simonsen defined principled optimism “as [one] having the genuine belief in the capabilities of the jobseekers and a responsibility to empower them” which nicely aligns with Dembo (1964) prescription for rehabilitation providers (p. 130). They quoted one transition provider summarizing the ethos as “You have to get rid of your own biases and preconceived ideas about youth. Throw it all out! Every student is unique, and you must start where you are with them”(p.130). The quote underscores how a counselor’s own positionality and assumptions needs to be bracketed, so that the uniqueness of the individual and thus the possibilities and not probabilities of the transition aged youth are honored. Tilson and Simonsen deduced that part of

principle optimism is that the providers have a passion, commitment to their work, and high expectations of their transition-age youth consumers.

Experience of Adolescents and Parents Engagement in Probabilities of Transition

Yet TAY and their families have various daunting experiences around engaging with the dictum of probabilities. In a qualitative study that focused on parents' perspectives of their child's transition process, Jivanjee and colleagues (2008) reported a mother of a young adult with a mental illness said:

'We went to DVR (Department of Vocational Rehabilitation), and they kind of made him [her son] feel really bad, so he has been really discouraged after that point. They said, 'Well, usually, we just deal with kids who work at McDonalds and make French fries.' He loves computers ... so he figured, '[If] that is all they have to offer me, why bother?'

Similarly, Pleet-Odle and colleagues (2016) in their qualitative study that focused on what transition professionals can do to help create high expectations in families, a parent advocate reported how having how high expectations—another word for future-orientated possibilities—has been treated during their child's transition process:

On the path to high expectations, there were way too many times we felt like we had to temporarily "settle" for a lowered expectation. We have been through countless cycles of setting an expectation, advocating, and working towards it, lowering the expectation—usually based on systems realities, revising and/or redefining the expectation, investigating, marshaling, and sometimes creating new resources, and giving it all we could.

Parental high expectations and engagement has consistently been found to predict successful outcomes (Wehman et al., 2015). However, the experiences with the various system and

providers have discouraged some families from those high expectations. Parents settling for less than their high expectations for their youth's future and accepting the systematic inequalities and disparities have even been framed as being realistic by rehabilitation professionals in Curtiss and colleagues' (2021) qualitative study on emerging adults with autism, parents', and practitioners' expectations for the future. One of the themes around high expectations, the researchers found was a "Mismatched Between Reality and Expectations: 'Sometimes Parents Get Skewed'"(p.7). A practitioner in their study, while speaking about the need to lower expectations, concluded: "I hesitate to say, 'This is the top, this is the limit that you can reach for...[but] it becomes very difficult to navigate what's real—what's possible"(p.7-8). The practitioner is expressing the probabilities of the current system, and thus they focus on the "reality" of barriers to success and not the hope, the possibilities. Furthermore, one can argue that the hesitation to utter the judgment that the provider acknowledges relates to either the desire not to squash hope, or, how others may view them squashing hope.

Nonetheless, the rehabilitation practitioner's conclusion strongly implies that hope needs to be squashed because it's not aligned with reality; it's "skewed". Curtiss and colleagues' practitioner's judgment is not about possibilities but probabilities. The practitioners are aware of the lack of resources and services in adult programs for transition-age youth and, thus, the high probability that individuals with disabilities who have more complex support needs may not obtain their and their families' high expectations. Curtiss and colleagues noted that some practitioners—whereas none of the parents or youth—concluded that "high expectations were only appropriate for youth they'd considered 'high functioning;'" thus, Curtiss and colleagues posited that embracing labels like high and low which are not clinical terms or acknowledge the complexity of functionality "suggests that only those least affected by their impairments are

capable of achieving high expectations”(p.9). The disconnect caused by the dictum of probabilities is something that families and individuals must navigate in transition and rehabilitation counseling today.

Curtiss and colleagues (2021) acknowledge that their practitioners felt that parents “may set the bar too high;” Pleet-Odle (2016) and colleagues’ participant’s summation of the cycle of high expectations, advocating, and settling for a lowered expectation; and Bekken et al. (2021) discussion that harkens to influence of paternalism in rehabilitation providers clinical judgment, is echoed in the scant qualitative data about transition, expectations, and vocational rehabilitation counselors clinical judgment. As noted in the introductory chapter to this study, Riesen et al. (2014) found that vocational rehabilitation counselors see unrealistic expectations as a moderate barrier to success. But the definition of unrealistic –either in Riesen et al. Delphi study and even in the qualitative explorations—is never delineated nor defined because it is a matter of clinical judgment. However, the lack of operationalization of unrealistic expectations is problematic because the concepts of expectations and hope converge when they are high (Leung et. al., 2014).

Hope (The Dictum of Possibilities)

Hope, a psychosocial variable, is a powerful adaptive coping strategy/resource (Folkman, 2010; Lazarus, 1999; Lazaus & Folkman, (1984): Livneh & Martz, 2014; Wright & Shontz, 1968) and a predictor of successful outcomes in various arenas, including employment (Hong et al., 2021; Mouten & Montijo, 2018), chronically ill teens quality of life (Mardhiyha et al., 2020), the overall well-being of lower socio-economic teens (Dudivitz et al., 2017) and psychosocial adaptation (Dorsett et al., 2007; Livneh & Martz, 2014; Truitt et al., 2012). Hope is a powerful motivator for the possibilities and probabilities of the future, and as Synder (2002), who felt

there were no such things as false hopes, deduced that seemingly impossible things can occur when hope is shared.

Defining and Reframing the Role of Hope

For centuries philosophers, writers, and social scientists have been trying to define and conceptualize hope. In the last seventy years or so, Erickson (1950) saw it in relation to trust; Mowrer (1960) saw it as a conditioned response. Stotland (1969) was one of the first who connected it to goals and expectations. The best-known and widely used hope theory in social science is Snyder's Hope Theory. Snyder (2002) defined hope "as the perceived capability to derive pathways to desired goals and motivate oneself via agency thinking to use those pathways(p.)." Agency "refers to a sense of successful determination in meeting goals in the past, present, and future"(Snyder et al., 1991, p. 570). In contrast, pathways refer to the belief in one's ability to create successful plans that engender goal obtainment. Pathways thinking is inherently optimistic, whereas agency thinking is similar to self-efficacy. For Snyder's hope theory, one must have both agency and pathway thinking to have hope. These two components are intimately linked; a goal can be achieved because one can imagine multiple ways of obtaining it. Hope motivates goal achievement and change. Hope is not stagnant and does not only go in one direction. One gains or loses confidence in their hopes as goals are met or unmet. Hope makes things more tolerable (Snyder et al., 1991). Hopeful thinking is iterative and additive. Goals and pathways are refined and developed through experience. As such, hope has a reality basis to it to exist. Furthermore, an individual's life course revises the goals, so each change becomes part of the narrative of hope. Hope is an act of revision in face of reality.

Snyder's theory is not without its detractors. Aspinwall and Leaf (2002) had three concerns about Snyder's theory. Much of their concern centered around their belief that Snyder's

theory may be myopic in relationship to other similar constructs. Optimism, control beliefs, and self-regulation are not directly addressed in Snyder's et al. (1991) formulation of hope. Each of these constructs could have the power to influence goal attainment. Additionally, similar outcomes found in various studies between hope and positive psychology constructs are not addressed in Snyder's theory, nor does the theory integrate established self-regulation theories into its conceptualization. Aspinwall and Leaf (2002) also believe that Snyder's understanding portrays hope as fragile, ignores interpersonal aspects of hope, and focuses too much on individual agency and problems under an individual's control. In Aspinwall and Leaf's understanding, hope is more potent and expansive than just what is found in goal and pathway thinking.

Current research points to the multiple dimensions of hope that go beyond goals, agency, and pathways thinking. Pleeging et al. (2021) defined hope as having cognitive and conative aspects; hope is both a desire and a belief that an uncertain goal is possible. Similarly, Mouton and Montijo (2018) acknowledged that hope is also "a belief or expectation that the future will be better off than the present"(p. 328). Collins (2015) noted that "[h]ope is seen as an emotion involving longing, yearning and as producing belief that motivates behavior [sic], although it is difficult to control, can involve uncertainty, doubtfulness, vulnerability, and anxiety and can be experienced frequently in potentially negative situations (p.202)."Furthermore, as Wright and Shontz (1968), wrote "hopes are wishes that might come true;" they also postulated that when hopes come true, relief and satisfaction occurs, but rarely amazement—except when one hopes and against hope (p. 322). Hopes against hope are ultimately wishes due to the lack of reality grounding, and yet the differences between wishes and hopes are "subjective" stances. Wishes and hopes are forms of coping; they are self-narrative that allows one to deal with the stress of

uncertainties and ambiguities of the future and of the now. Wright and Shontz concluded through their qualitative analysis that adult hopes were structured into numerous adaptive coping strategies that centered around these common domains: positive valence, future orientation, reality surveillance, reality grounding, and even at times, uncertainties around realizations and the future. Uncertainties and ambiguities are interwoven into the fabric of hope.

A recent theory similar to Wright and Shontz's hope adaptive coping strategies and with goals centralized is Balen and Merluzzi's (2021) integrative hope theory, The Hope Process Model in the Context of Uncertainty and Control, which embraces uncertainties as a critical component to hope. In their framework, an individual's life course engenders a potential goal, which is then processed through primary control appraisals focused on problem-focused coping, agency, and self-efficacy, and secondary control appraisals focused on emotion-focused coping, meaning, transcendence, adaptation, and letting go. Once the goal is processed through the primary and secondary control appraisals, the individual goal may or may not be attained. When goals are not attained or deferred, there are three possible outcomes. The outcomes are: the hope is given up, which may cause grief but leads to acceptance or to despair and hopelessness; or the hope is not given up, and another round of the reappraisal process occurs. Hope is both uncertain and possible and thus needs to be tested. Hope, at its best and, possibly, at its worse, is about acceptance and non-acceptance of change.

Hope Narratives

As it has been noted, hope has a desiderative aspect. As Musschenga (2019) summarized Day's (1969) mathematical formula of hope, there's a "belief that the probability of fulfillment is greater than 0 and less than 1 (p.425)." Additionally, Martin (2011) posited that an individual who hopes knows that the odds may be against them yet wants to "convey how much she values

that small chance” that the hope comes true (p. 150). There is a genuine desire for a yet unknown and malleable future. Martin’s “default definition” of hope is “endorsed desire plus uncertainty”(p.150). Her views on the agential aspect of hope differ from Snyder’s. Unlike Snyder, she privileges the narrative creation more than the pathway it creates. To her, the narrative creation is agential and not the pathway. The implication is that dreams without actual goals are just as crucial, perhaps even more so, than hopes with specific goals and pathways to obtain the desired outcome. Martin sees the importance of wishing and fantasizing as core components of expressing hope and that those narratives catalyze motivation. To her, “fantasizing” is a natural way to imaginatively engage with an object of hope. As she wrote, “[f]antasies can create narratives and new ways of problem-solving and being that call the desired object into being”(p.168). Dreaming about the future is powerful. She summarizes the function of encouraging people to hope as “—we encourage them to “dream.” In doing so, we encourage them to engage in an activity whereby they can discover new reasons to pursue the object of hope, as well as new ways of doing so”(p.167). The imagination calls a new reality into being. The future orientation and the power of Martin’s understanding of hope help underscore how hope is not just a cognitive planning exercise using agency and pathway thinking to obtain goals but also the importance of imagination, flights of fancies, and dreams in that process of engendering the future.

Another philosopher that underscores the importance of imagination in hope is Boven (1999), who pointed out that hope, through “mental imaging” and “projected states” of being, allows individuals to recognize whether their hopes are truly aligned with their desires, skills, and abilities. Individuals create narratives of what they hope to understand, process, sustain, and revise. In fact, Boven believes mental imaging is a necessary condition for hope—along with

belief and desire for an uncertain future. However, without mental imaging, he argued, one is not active and thus is not hoping. The goals, pathways, and agency thinking that is a cornerstone of Snyder's (2002) hope theory which is a form of mental imaging and narrative in its drive.

Boven's (1999) mental imaging—a form essentially narrative in its drive—creates the ability to attain hope or create a new constitutive hope more attuned to the individual's goals, skills, or limitations. Due to the appraisal process of the imagination, the new hope thus becomes even more attainable than the previous hope. Hope illuminates the possible and allows for personal agency in constructing, revising, and realizing its goal. Furthermore, Boven pointed out, "It is also conducive to an increased self-understanding. We restructure our hopes by reflecting on what it is that we truly want and what is attainable in our lives"(p. 676). Thus, Boven's theory aligns with Balen and Merluzzi's (2021) integrative hope theory with its primary and secondary control appraisals. The creation of a narrative that is apparent in Boven's mental imaging and in Snyder's pathways and agency thinking is a critical component to hope.

Another philosopher, Calhoun (2013), also underscores the importance of a hope narrative. She sees creating a hope narrative where the agent creates a story of a preferred future worth focusing on as a strategy for maintaining hope. In Calhoun's understanding of hope, the narratives generate the space that what is hoped for is realistic, possible, valuable, or befitting a person. The sense of "value or importance of what one hopes for, the more reason one has to continue pursuing the hoped-for end regardless of how remote the likelihood of success may be". Calhoun's sees the commitment to hope as having three levels—taking a shot, endeavoring, or totaling investing oneself in the hope. Calhoun believes that the level of commitment keeps one going in the face of uncertainties. The commitment, the active imagining, the creation of goals, agency, and pathways thinking are all components of hope in Calhoun's understanding. The

three levels of commitment also imply how dreams, fantasies, and hopes can be subjectively the same. She sees the active envisioning of the future, a future where success is possible, as the catalyst of change. It is not hope itself that is the actor, but the story it tells—whether it be possible or probable.

Vocational Hope

When we look to hope in the career development process, we look to vocational hope with its obvious parallels to Snyder's goals, pathways, and agency. Vocational hope was operationalized by Diemer and Bluestein (2007) as the "commitment to working in the future and connection to the career development process"(Diemer & Bluestein, 2007, p. 102). Diemer and Bluestein's study focused on urban adolescents' career development and contextual barriers that may influence their ability to develop future orientation. The study underscored the importance that urban adolescents needed a sense of self-efficacy and agency over their future careers, and it also indicated that urban adolescents' resilience was partly due to having a narrative sense of their vocational future. Adolescents who had developed a narrative sense of their future were found to withstand and address contextual barriers to their goals more than peers who did not have vocational hope. Furthermore, the study also found that the catalysts (parents, teachers, and counselors) may not be found in the urban youths' milieu but posited that vocational hope could be used to develop the necessary conditions for future orientation. The catalyst, the team of dedicated principled optimists, just needed to be found.

Brown and colleagues (2013) have another definition of vocational hope. They defined vocational hope as "a positive motivational state associated with envisioning a future in which meaningful work is attainable"(p.375). In Brown and colleagues' framework, in order to exist, the goal of vocational hope must be seen as something attainable. Vocational hope is also solely

future-orientated, thus malleable to contextual and personal influence. It is also a positive force associated with goal setting, effort, and persistence. The individual only finds vocational hope; others cannot prescribe it. The individual is the writer of their vocational hope narrative, but like other forms of narrative, could use the input and the view of a skilled individual to help bring it to fruition.

Hong and colleagues (2021) postulate that work hope is central to psychological self-sufficiency, a social work theory that honors “workers” empowerment, strength, self-determination, motivation, and growth”(p.179). Hong and colleagues’ work hope finds its roots in Daugherty and Barber’s (2001) ecology of work perspective, the strength-based approach, and resiliency theory. Hope enables individuals to overcome barriers to success. As Lazarus and Folkman (1984) pointed out, hope allows one to cope with a stressful environment because it engenders a sense of agency; stress is reduced. Hong and colleagues’ (2021) study on psychological self-sufficiency and individuals with mental illness found hope mediated the relationship between economic self-sufficiency (ESS) and perceived employment barriers. Employment hope is positively associated with ESS. They found that number of barriers, whether an individual had high or low ESS, did not change the positive direction of the association. The number of barriers to success does not inhibit success. Hong and colleagues posited that directly acknowledging barriers, active reflection on the barriers, and instilling hope was a powerful approach to working with individuals with mental illness to find economic self-sufficiency. Hong and colleagues’ study ultimately showed how informed hope can be achieved and be compelling motivation to obtain the hoped-for goal of psychological and economic self-sufficiencies.

Hope and Career Development

However, looking at career development theories, we can also see how hope is being understood to influence careers globally. Hope Action Theory (HAT) is a relatively new career development theory centralizing hope. Niles and colleagues' (2010) idea posit that hope-action allows one to "envisio[n] a meaningful goal and believ[e] that positive outcomes are likely to occur should specific actions be taken" (p.102). It combines Snyder's hope theory, Bandura's Human Agency Theory, and Hall's Protean theory. The synthesis of the three theories underscores that a career is created by a self-aware, goal-directed, capable, developmentally minded individual who uses hope as a unifying change agent in her career. Niles and colleagues' visual representation of their model is of hope being the center of a pinwheel, the lynchpin, with self-reflection, self-clarity, visioning, implementing, and adapting, and goal setting and planning as the petals of the pinwheel. The environment is thus the wind. Hope brings everything together. The founders of HAT deliberately picked the pinwheel as a visual representation of their career development theory to acknowledge that there is "constant movement between the various phases. Sometimes, one needs to shift backward and repeat some of the initial career development steps" (Amundson et al, 2020, p. 94). When HAT is utilized in practice, acknowledging the client's strengths and challenges in each of the eight areas is critical to developing, implementing, and matching various hope action-orientated interventions to the client. Additionally, the research studies that have validated the efficacy of the hope action theory also underscore the importance of the client feeling like the "matter" to the career counselor.

Is Hope Problematic?

The problems of hope—the uncertain nature, the possibility that it is all just a fantasy, the fear that it will not come true, and the possibility of despair—have been part of the discourse around hope since mythic times. The tension of hope being a force for “good” or “evil” is in the earliest myths and in the ethical and philosophical ruminations around hope today. The current focus on the problems of hope tends to be about hope turning into despair, stagnation, a waste of time and resources, or a delusion. One particularly compelling argument around the dangers of hope is Berlant (2011), who warns about individuals being too enmeshed in hope. Berlant (2011) termed this phenomenon as cruel optimism, where what one desires impedes flourishing. It is similar to what Salzberg (2003), a Buddhist thinker, terms fixated hope, where one cannot let go of what is desired and thus causes suffering. In both enmeshed and fixated hope, an individual’s reappraisal process seems to have not made the necessary goal revisions that reality requires. The consistent lack of substantive revision after many attempts to obtain the goal, the fixated hope, and if one extends Calhoun’s (2017) logic to a conclusion, is seemingly due in part to the inability to see or value other options in the reappraisal process. Thus, the inability to appreciate another hope or possibility causes the individual to continue to be fixated on the hope that may have no reality grounding to it. The specific goal then ultimately needs to be revised for change or sustenance to occur. They are not moving forward with their life. With fixated and enmeshed hopes, the individual may need help to see or value other options than the hoped-for wish.

As Boven (1999) pointed out, hoping may also lead to wishful thinking, which may interfere with understanding reality and goal attainment. In Boven’s understanding, hope through mental imaging creates details for the desired which may increase frustration and despair should hope not to come true. Boven posited that the feeling of agency over the vicissitudes of life leads

to frustration when hopes are not met. Boven acknowledges that hoping is a complex dynamic that may be subjectively “good making” or “bad making.” Thus, in Boven’s understanding, hope is agential with an uncertain outcome. There is no way to foretell the future with hope. The uncertain outcome may lead to grief, goal revision, goal accomplishment, or despair. Yet, both hope and despair are subjective, and thus the experience of either one cannot be truly defined as having a positive or negative aspect on the future. The future will always be unwritten. Despair and hope are human states and cannot be circumvented in life; hope and despair both provide meaning.

False hopes have similar negative connotations to enmeshed or fixated hope or even wishful thinking. The worry about false hope pervades medical philosophy discourse. There are discussions of false hope in regard to patient care in recovery from serious mental illness, weight loss, investigational drugs, therapeutic interventions for individuals with terminal diagnoses, and numerous other areas. Hordijk et al. (2022), through the review of medical literature about investigational drugs and false hopes, found five themes connected to false hopes: limited chance of benefits, side effects outweighing the benefits, opportunity costs, mistaken belief, and the difficulty of gaining access. Using the probability definition of hope, they pointed out that false hope only exists when the probability of something occurring is zero. Similar to Dembo (1964), Hordijk and colleagues (2022) argued that likelihood thresholds should not be considered in evaluating hope because decision-making is ultimately about the patient’s autonomy. They argued that hope should only be considered false when informed consent had not been given to an individual, and thus, mistaken beliefs about the possibility of recovery could be engendered. An individual who is not informed cannot use their autonomy. Rehabilitation professionals’ concerns of perpetrating false hopes have been cited for not engaging in career development

discussions with youth (Bekken et al., 2021). The concerns for false hopes are also judged to be the reason that providers engendered lower parental and family expectations around transition outcomes (Pleet-Odell et al., 2016). Furthermore, Jivanjee et al. (2008) and Curtiss et al. (2020) also alluded that seeing the youth's hopes as false stems from a stigmatizing attitude because the individuals are not given the dignity to risk, to hope; the individual with disability autonomy and thus agency is not respected. If we look to Bekken and colleagues' (2021) qualitative findings, the discussions to inform individuals about the possibilities and probabilities of hope seemingly are often avoided, and thus that loss of discourse does create false hopes. But the false hopes are because the individual is not informed and thus incapable of embracing or revising their hopes. Autonomy is not acknowledged, respected, or engendered. It is the lack of autonomy, of informed choice that is the problem.

Even if the hope has limited reality grounding and the probability of it coming true is slim, hope must be respected because it's an expression of autonomy. Bioethicist Ruddrick (1999) pointed out that autonomous hope is not necessarily a rational choice but one of "reflective values." He suggested that what matters in autonomous hope-- "is the ability to continue, so far as circumstances allow, the life one embraces (or if that is impossible, the capacity to make another life...)" (p. 347-48). He sees informed hope as central to autonomous living; thus, the provider must honor the other's autonomous hope. An individual's hope is an informed choice one makes, and as such, the hope, whether it be about medical treatments or vocational aspiration, is one that individual must create and own. Hope is a catalyst of action for it is faith in future possibilities and even probabilities. Whether hope is realistic or unrealistic, the ability to motivate and create change is still present. Hope is not stagnant. It grows, diminishes, and changes through experience and reality appraisal. It is a leap of autonomy, of

action. Beatrice Wright, who summarized her understanding and findings of the relationship between hope and denial for an academic who desired to know their boundary, as cited in McCarthy (2011), said:

The issue is whether unrealistic hope easily slips into denial, as one respondent feared. The evidence that I have garnered is that we need not be concerned about that so long as the person continues to participate in executing the rehabilitation plan. Hope, however unrealistic, can energize effort to stay the course and improve. As time goes on, new hopes typically replace old ones that have been modified in light of the reality that emerges from success and failure experiences. If the person sabotages the plan, or gives up, it may be because the person has lost hope and therefore sees no value in rehabilitation, or it may be that the person is in denial.

A rehabilitation professional can help the individual through life's transitions—whether it be adjustment to disability or transition to adulthood by cultivating hope. Hope is an important part of coping (Lazarus, 1999; Folkman, 2012). Hope is about action and movement. It provides a foothold for improvement, for rehabilitation.

Hopelessness

Yet it is important to note that agency and autonomy are different. One can make autonomous decisions but still not have the ability to act. Boven (1999), Balen & Merluzzi (2021), Calhoun (2017), Ruddrick (1999), Snyder (2002), and Wright, and Shrontz (1968) all acknowledge that action is part of hope—whether hope is the catalyst or itself is the active agent. It follows then that hopelessness is partly due to the perceived inability to act. In fact, studies have found that hopelessness occurs due to feelings of helplessness or powerlessness (Bunston et al., 1995; Miller et al., 2014). Feelings of hopelessness, can be reinforced by environment—

whether it's missing information, societal pressure, and influence, or financial constraints—or even if it's located in the individual—irrational beliefs, lack of skills or ability, motivation, or commitment. Hope is not necessarily unrealistic because, as the probability definition of hope states, there's a “belief that the probability of fulfillment is greater than 0 and less than 1”(as cited in Musschenga, 2019). As Wright noted, hope is only problematic when there is no forward movement, no engagement with the rehabilitation plan (McCarthy, 2010). Furthermore, hope does not only exist in abundance and ease but also in the cracks and crevices, the scarceness of life where things seem improbable. Hope is needed to help start creating a better future than today.

Clinical Judgment Model Using Hope

A clinical judgment model other than Dembo's that deals with hope and provides a more applied framework is Weingarten's (2010) reasonable hope. Weingarten's (2010) model is based on assessing available resources and providing support that acknowledges the subjective experience as powerful and motivating. Her clinical framework designed for family therapists calls for counselors to “bracket” the assumption that hopes and dreams are unrealistic and explore how the hopes and dreams can be actualized. Weingarten's model allows for a counselor to honor hope and partner with their client on the hoped for goal. The five assumptions of reasonable hope are: reasonable hope is relational; reasonable hope is a practice; reasonable hope maintains that the future is open, uncertain, and influenceable; reasonable hope seeks goals and pathways; reasonable hope accommodates doubt and contradictions. The hope that Weingarten argues for does not have to take major steps along the path. Reasonable hope knows that the future is built upon small steps in the here and now. Nor is it built on the unrealistic assumption that hope is either all positive or all negative, but one that is more nuanced and capable of

holding a range of emotions. Reasonable hope is about breaking things down into attainable and accessible goals to “ensure that something is done” (Weingarten, 2010, p.10). Her conceptual model shows how Snyder’s goals and pathways are not necessarily about the endpoint of the hope narrative but the steps along the way. The model shows how clinicians can meet their clients where they are at with their hopes and dreams. It does not put the onus on the counselor to judge their client’s hopes as realistic or unrealistic, and thus, acknowledges the agency, autonomy, and self-determination of clients’ hope.

Hope Inspiring Competence

A compliment to Dembo’s and Weingarten’s clinical judgment models is Russinova’s concept of hope inspiring competence. She developed the concept to acknowledge and underscore that “hope manifests itself in the context of a relationships; it is a shared experience between giver and receiver” (Russinova, 1999, p 52), and it is essential to the success of recovery (Anthony et al, 1983). She posited that a supportive rehabilitation professional creates a “holding environment” that provide the “emotional stability and encouragement” when consumers doubts and fears become overwhelming, so that client’s strengths, confidence, and success can continue to develop and eventually bloom (Russinova, 1999, p 52). She theorized that it is though the succor found in the holding relationship, the hope of the professional for their client, that a client can flourish and take risks. Rehabilitation professionals in Russinova’s understanding of hope provides external and internal resources (e.g. job training, education resources, coping skills) that enables recovery. Russinova believes that resources influence:

“the generation and maintenance of hopefulness in both providers and consumes. The extent to which practitioners can identify internal resources in a given client and can

secure external resources for this person determines how hopeful they feel about his/her process in recovery (p. 53).

The practitioner through finding, obtaining, utilizing, and/or acknowledging resources models a way of being, of validation of the hoped for better future, which the client eventually internalizes; and that then creates a feedback loop. For Russinova resources in a supportive environment engender hope; thus, the clinical judgment of the practitioner is about making the accurate assessment of the current internal and external resources of a consumer and also the assessment of potential future resources in order to not provide false hope. Russinova, like Dembo (1964), Folkman (2012), Lazarus (1999), and Wright (as cited in McHenry, 2010), see it as a critical catalyst for beginning positive adaptive behaviors. When a consumer starts to experience success and acknowledges resources, hope increase, and motivation continues to build. Russinova's hope inspiring competence is born out of the knowledge that hope is essential, but that providers' have been found at times to "spirit breaking," providing negative judgments about the future, which Russinova posited leads to learned helplessness. Russinova deduced that practitioner's hope inspiring competence is necessary. She sees the competence existing on the high end of hope--where practitioners exhibit hope inspiring competences and develop hopeful strategies in the day to day service delivery experience. She deduced that practitioners need to have 1) a firm belief in the potential for recovery and a conviction that they can implement strategies to benefit the consumer, 2) a capacity to tolerate uncertainty about future outcomes, 3) a strong motivation, persistence, patience, and agency to promote better outcomes for consumers, and 4) a hope inspiring resourcefulness. Russinova's practitioner's hope inspiring competencies ultimately underscore the fact that the practitioner needs to have a hopeful mindset.

Psychological Affordances

Weingarten's and Dembo's models provide a template for working with consumers, participants, and clients when a counselor judges their clients' hopes as improbable; and Russinova (1999) delineates how practitioner's hope inspiring competencies help. All of three writers underscores the important relational and thus environmental aspects of hope. The models each acknowledge the importance of the relationship, the environment, between the provider that exist between the client and counselor. However, an aspect of the social environment that is not thoroughly elucidated in either of the models or Russinova's competencies is psychological affordance. Granted, one could argue that Russinova reasoning for the hope inspiring competencies alludes to the dynamic, but her discussion never names it nor does it delve into the complexity of psychological affordances, an element of the social environment—the mindset of an individual, and thus their way of seeing and way of being in the world—and how it may help engender or inhibit a mindset like hope. Reeves et al. (2021) defined psychological affordances as “cues [from the social environment] that allow individuals to view a lay theory as legitimate and adaptive” (p. 4). Psychological affordance posits that the mindsets of individuals create conscious and unconscious behaviors that reinforce beliefs. Furthermore, Walton and Yeager (2020; 2022; 2023) posited that a supportive environment that aligns with a mindset intervention will enable positive change of the intervention. Psychological affordances are thus interactions between the individual and the psychology of the social environment that engender action and belief. Simply put, other people's psychological mindsets meaningfully influence the beliefs of others. Walton and Yeager (2020) acknowledged that psychological affordance echo Lewin's field theory; it's about the fit with the person and environment that brings change. The psychological environment needs to be supportive for the intervention to succeed.

Yeager and colleagues (2022) investigated the mindset-plus supportive-context hypothesis that grew from the conceptual understanding of how psychological affordances work while looking at wise interventions. The mindset-plus supportive hypothesis posits that it is not just the intervention that influences the adoption and integration of a “wise” intervention belief system, but also a teacher’s mindset. In a nationally representative double-blinded clinical trial of growth mindset intervention, Yeager and colleagues examined the influence of a teacher’s growth mindset on the student outcomes of growth mindset interventions. They found that students with strong growth mindset teachers showed meaningful academic achievement gains from the intervention, while students with fixed mindset teachers had no significant gains. They concluded that the classroom needed to “support, or at least permit, the mindset by providing necessary affordance”(Yeager et al., 2022. p.29).

Furthermore, even students who had more of a fixed mindset before the intervention showed more achievement if they had a growth mindset teacher. The researchers noted that this finding supported existing research (Reeves et al., 2021; Walton & Yeager, 2020) that concluded that individuals who are at the “intersection of vulnerability and opportunities (high affordances),” particularly disadvantaged students, have a greater chance to benefit from wise interventions that have a supportive context (Yeager et al., 2022, p.29). Supportive contexts—examples, models and thus reinforcement of the mindset in action—are important.

We can look to Walton & Yeager’s (2020) metaphor—the seed and soil—to provide a visceral understanding of how the elders in the social environment—teachers, counselors, and others can unknowingly create an environment for a mindset. As Walton and Yeager (2023) noted, wise interventions (which are designed to pay off future dividends) “seed ways of thinking. But the soil has to be fertile for that seed to take root. That is, people must find the

proffered way of thinking legitimate and useful in their context to sustain it and use it to guide their interpretations of and response to ongoing experience” (Walton & Yeager, 2020) (p. X). A teacher’s belief, or, as this researcher would argue, that of a rehabilitation counselor, helps to engender positive outcomes. Their mindset, their way of being and thinking in the social world, how they unconsciously express and thus reinforce mindsets is the soil. Through supportive contexts, they help nurture the seed to grow.

Granted, there is no extant research that looks at psychological affordances and rehabilitation counseling. Research on psychological affordances and rehabilitation counseling still need to happen. However, it is possible to assume the interactions between the participant and the classroom teacher may have parallels with interactions between the consumer, rehabilitation counselors, and vocational hope; especially since hope like growth mindset is a belief, a mindset that pays off dividends in the future.

Hope creates meaning and inspires action in times of need and want. As an ally and mentor, a rehabilitation counselor ideally brings support, informed discussions, and consults on hope. This researcher posits that due to psychological affordances, they also model and reinforce hope. When one works with consumers’ hope narratives, one acknowledges goals, pathways, agency, dreams, and autonomy, so one can partner with the individual to make improbable hopes come true or assist with goal revisions. Elements of psychological affordance—although not framed as such—has existed prior to this study. Snyder et al. said (1997), “through the encouragement of role models...high hope children learn to find and maintain pathway and agentic thoughts for their goals in the face of barriers” (p.108). Furthermore Snyder (2002) said, seemingly impossible things can occur when hope is shared. And as As Russinova (1999) noted:

“a supportive relationship is key...”(p.52). However, the question still exists of how well a rehabilitation counselor acknowledges and reinforces a mindset like hope.

Uncertainty and Ambiguity

Uncertainties abound in life, in disability, and in rehabilitation counseling. In their narrative review and conceptual analysis, Hillen et al. (2016) noted that uncertainty is a “critical phenomenon in health care because of its many potential psychological effects, both negative and positive....[U]ncertainty provokes fear, worry and anxiety, perceptions of vulnerability, and avoidance of decision-making”(p.63). Uncertainty affects an individual’s cognitive, affective, and behavioral responses and thus can influence the working alliance, information exchanges, and decision-making processes. Hillen et al. (who cited Han et al.2011; Smithson, 1999) as they defined uncertainty as a “fundamental metacognitive state consisting of the conscious awareness of ignorance”p.64). Their conceptual model ultimately pointed to three sources of uncertainty: probability (“randomness or indeterminacy of future outcomes”), ambiguity (“lack of reliability, credibility or adequacy of information”), and complexity (“features of the information that limit understanding”; p.73). Similarly, Vives & Feldman Hall (2018) deduced that uncertainty which influences decision-making deals with “risk (known probabilistic outcomes) and ambiguity (unknown probabilistic outcomes)” (.p1). Norton (1975) defines it as “too little, too much, or seemingly contradictory information”(p. 607). Information is simply lacking. As Dembo (1964) noted, we do not know what judgment approach —the probable or hopeful—is suitable when working with individuals. Thus, ambiguity is ripe in the relationship between the provider and the individual with a disability and decision-making.

Some individuals seek out ambiguity, and other individuals avoid it. High tolerance of ambiguity has been found to be positively associated with prosocial behaviors, job satisfaction,

creative problem-solving, quality of life, and overall psychosocial functioning; it has been found to be negatively associated with discrimination, prejudice, and dysfunction (Gard & Leung, 2020). As such, individuals with a high tolerance for ambiguity tend to seek it out, whereas individuals with low tolerance of ambiguity tend to avoid uncertainties and ambiguity (Geller, 2013). Tynan (2020), through his review of the literature, found that lower tolerance of ambiguity is associated with depression, anxiety, dogmatism, rigidity, prejudice, the need for cognitive closure, withdrawal, and avoidance behaviors, and lower levels of learning.

Tolerance of ambiguity has been studied in the medical field to understand providers' reactions to uncertainty in medical practice. Low levels of tolerance of ambiguity have also been associated with burn out, anxiety, and reduced psychological well-being in physicians (Cooke et al., 2013; Hancock & Mattick, 2019). Tolerance of ambiguity has also been associated with physician's use of referrals (Bachman et al., 1999), comfort in providing care to dying patients (Kvale et al., 1999), perceived work stress (Iannello et al., 2017), increased ordering of diagnostic tests (Allison et al., 1998), and withholding genetic tests results (Geller et al., 1993). Geller (2013) posited that assessing an individual's tolerance of ambiguity should be a criterion for medical school admission. She underscored those individuals with low tolerance of ambiguity tended to have a biomedical worldview, whereas individuals' high in tolerance of ambiguity tended to have a biopsychosocial worldview. She felt that assessing tolerance of ambiguity in medical applicants could improve physician and patient outcomes for quality of care might improve. Tolerance of ambiguity and uncertainties enable providers to engage in discussions around the unknown in both the probable and possible realms, which is the purview of clinical judgment.

Clinical Judgment and the Dictum of Probabilities

Clinical judgments are defined as any judgment and/or decision made by the therapist about the client and/or the case during the therapy process (Jacinto et al. 2018). Clinical reasoning and judgment skills are essential for counselors, for they are used at every step of treatment. For years, in the clinical judgment literature and research, there has been a debate about the worth of intuitive and analytical methods of clinical judgment. Meehl (1954) termed these two separate modes of reasoning as clinical and statistical. In the intuitive approach, the clinical judgment relied on unformal, unstructured, intuitive, and fast decision-making processes; whereas statistical judgment relied on formal, structured, slow decision-making processes that relied on assessment instruments. The statistical approach has consistently been found to be the most “accurate” and the relatively least utilized approach. Yet, the value of each separate cognitive thinking system—the intuitive and analytic—has been acknowledged in the literature surrounding the medical clinical decision-making process. Numerous researchers posit that clinicians must use both approaches to arrive at a sound clinical judgment. This type of model is called the dual-process model, which uses rational and intuitive approaches to clinical decision-making. Kahneman (2004; 2011) posited a system one and system two schema that leverages the system of the perceptual process (system one) and systems of reasoning (system 2). System one is emotional. System two is neutral. The method of clinical judgment occurs between and within stages. System two monitors, advises, and may select input into system one, yet system one is the default. If system one provides an intuitive response to stimuli, system two responds in one of four ways: (a) agrees (b) adjusts for relevancy, (c) corrects the response for bias, or (d) denies the response. System two also allows for heuristic judgments because it uses intuition. Thus, heuristic judgments can interfere with the self-correcting process of clinical judgment and thus

rehabilitation counselors can make errors in judgment that lead to faulty consumer evaluations, which then leads inappropriate treatment plans.

Heuristic Judgments and Confirmatory Bias

Cognitive heuristics allows an individual to quickly make decisions; they are automatic and reactive thought processes that enable shortcuts in decision making. The rapid process is immediate and lacks contemplation of the issue at hand. At their best, cognitive heuristics are seen to be invaluable tools to quickly process complex information and take action (Yager et al., 2021). At their worse, cognitive heuristic distort realities to temper uncertainties and fatigue of decision-making and thus enables personal biases to influence decision-making.

A known bias that has been found to exist in rehabilitation counseling is confirmatory bias (Rosenthal, 2004; Rosenthal & Berven, 1999; Rosenthal & Kosciulek, 1996; Wright-McDougal & Toriello, 2013). Confirmatory bias is “tendency to seek, interpret and use evidence in a manner biased toward confirming [...] existing beliefs or hypotheses”(Charness & Dave, 2017, p.1). Confirmatory bias does not allow new contradictory information to be processed, and thus opinions are not changed. Larivee and colleagues (2018) noted that it’s a “entirely natural tendency” especially for therapist who have a strong “sense of knowing,” which one may assume is gut instinct. Additionally, individuals who have a high need for cognitive closure and low tolerance of ambiguity have been found to ignore challenges to their belief system (Davies, 1998). Furthermore, Hunt and Miller (1968) posited that individuals who are partial to confirmatory bias may diminish new information inconsistent with their initial beliefs because of the need to have a consistent attitude in the face of uncertainty and ambiguity. The need for consistency may in fact been a factor in Yurtsever (2000) study that found that individuals who subscribed to idealistic universal ethical beliefs compared to relativism ethical beliefs tended to

have more confirmatory biases. Ethical idealism does not like change. Yurtsever posited that “ethical idealism tries to identify problems without taking social factors into account. For that reason, and idealistic ethical individual may have difficulty in coping with ambiguous situations” (p144). Yet, ambiguous and uncertain situations are complex and are not always universal or probable. Conversely, the investigator also found that ethical relativism was associated with tolerance of ambiguity. They deduced that relativistic individuals are constantly seeking out new information due to an awareness that the environmental changes constantly occur. Additionally, Wright-McDougal & Toriello (2013) noted that confirmatory bias may in fact be an ethical dilemma, but that RCs are ethically bound to reflect, analyze, and assess their clinical decision-making, so they provide fair and equitable treatment to their consumers. RCs must examine both supportive and challenging data toward their hypotheses of their consumer. As Wright-McDougal & Toriello noted, having a more holistic view of both the negative and positive aspects of confirmatory bias may allow counselors to “be more prepared and aware to make alternative decisions with clients”(p. 8). Ultimately, the literature around confirmatory biases in clinical judgment consistently underscores the need for continual hypotheses testing.

Overconfidence Bias

Miller et al. (2015) through their review of the literature for a metaanalysis in confidence and clinical judgment accuracy, noted that counseling psychologists were found to be prone to overconfidence associated with confirmatory hypothesis testing strategies”(p.554).

Overconfidence bias “occurs when individuals report higher confidence in their judgments than is warranted by their actual accuracy”(p.553). Furthermore, they quoted Nickerson (1998) who wrote: “Perhaps the confirmation bias should be thought of as the tendency to seek evidence that increases one’s confidence in a hypothesis whether it should or not”(p. 186). Miller et al. (2015)

deduced that overconfidence is a serious threat to training, supervision, and practice; however, their metaanalysis found a small but statistically significant positive relationship between confidence and judgment accuracy. Counselors who had greater confidence were shown to have a small improvement in their clinical judgment accuracy. But due to confidence heuristics (the tendency to trust confident people), the review of literature, and the small effect size, Miller et al., ultimately concluded that the trust in confident decision-makers need to be tempered. They also investigated whether statistical prediction approaches moderated the relationship between judgment accuracy and confidence. They found that practitioners resist statistical decision-making process—except in violence risk assessment where they deduced that it would be seen as unethical to do so.

Clinical Judgment Models and Rehabilitation Counseling

When we look at clinical judgment theories designed explicitly for counseling that uses both the statistical and clinical approaches, Pepinsky and Pepinsky's (1954) model is still used in the literature. Pepinsky and Pepinsky's (1954) clinical model suggests that a counselor's clinical judgment occurs through a circular process of (a) evoking cues, then (b) creating inferences about the relationship and possible outcomes, then (c) predicting outcomes based on inferences, and (d) hypothesis testing where decisions are created, and plans are made that leads back to assessing for cues. The iterative cycle of observation → prediction → decision continues until counseling ends.

Strohmer and Lederer (2000) investigated Pepinsky and Pepinsky's (1954) model as it applied to rehabilitation counseling. In their analogue study, counselors made a series of judgments and inferences via controlled observation of severity of disability (DIS), psychosocial adjustment levels (PSY), and IQ that ultimately led to inferences about functioning (FUNC) and

attribution (ATTR) and then they provided a prediction about the hypothetical consumer.

Through path analysis, they determined, for their sample, that a fully mediated model of the first three stages of Pepinsky and Pepinsky's (1954) clinical judgment model best described the process RCs utilized to create outcome predictions around the continuation of counseling and employment.

Granted, the simplicity and support of the Pepinsky and Pepinsky model is compelling. Still, it does not address the cognitive and affective dimensions of the counselor that can cause errors (anchoring, confirmatory and negative bias, over and under shadowing, and fundamental attribution error) in clinical judgment to occur or not to occur (Spengler et al., 1995). Through synthesizing existing research on decision-making, judgment, bias, and effective counselor characteristics, Spengler and colleagues developed the scientist-practitioner model that expands Pepinsky and Pepinsky's (1954) model to acknowledge the influence of attitudinal elements of the counselors, such as values, beliefs, theoretical orientation, information processing styles, openness, and curiosity. Along with acknowledging the influence of some of the counselor's positionality on clinical judgment, the scientist-practitioner model also addresses the divide/argument between statistical versus intuitive judgment. The scientist-practitioner model would ideally create an integrative approach to clinical judgment that ultimately engender a self-correcting system due to debiasing techniques. The self-correcting system allows new information and observation to occur and influence assessment; thus, each client is an individual, not a pattern to be acknowledged or assessed into a pattern. The continual evaluation and reflection that is embedded in the working model continue with the iterative clinical decision-making process until the working model comes as close to mirroring the real client as possible. The emphasis on positionality and the environmental context in the scientist-practitioner model

is subtle and not clearly delineated; it's not a major focus or worry of the model. The focus was on integrating the intuitive and statistical approaches, so, it does not overtly acknowledge the elements of positionality that the statistical approach may engender.

Clinical Judgment Models and Positionality

To this author's knowledge, counseling nor rehabilitation counseling has yet to develop a model that provides an overt conceptual understanding of positionality and the influence of the environment on clinical judgment. If we expand the clinical judgment models to include other disciplines' models, Dickison and colleagues' (2019) multi-layer National Council of State Boards of Nursing Clinical Judgment Model (NCSBN-CMJ) embraces the influence of the environmental and individual context that is important in assessing clinical judgment. The contextual layer is an expansion of Science-Practitioner Model models in part because it underscores more contextual factors than Spengler's models overtly acknowledge. NCSBN-CMJ overtly acknowledges the inner life of the individual making the decision and the environmental factors that may trigger their hypotheses. Similar to the pre-requisite attitude that is the first layer in the Science-Practitioner model, Dickison and colleagues (2019) list "examples of individual factors include knowledge, skills, specialty, candidate characteristics, prior experience, and level of experience[; and e]xamples of environmental factors include the physical environment, client observation, resources, medical records, consequences and risks, time pressure, task complexity, and cultural consideration" but also acknowledges that the environmental and individual context will change as standards of care and the profession changes (p.73). What the NCSBN-CMJ model underscores, and the Science Practitioner model perhaps understates is that judgment occurs due to a dynamic, complex system that is affected by environmental stimuli beyond the presenting problem and its accouterments, and the internal stores of character, knowledge, or

ways of being of the practitioner. Additionally, the model was designed to integrate intuitive-humanistic models of CMJ, dual process reasoning theory, and the information processing model. NCSBN-CMJ provides a frame to understand the complexity of decision-making process under the influence of the environment, positionality, and an uncertain outcome.

Dembo's Dictum of Probabilities and Possibilities

Dembo (1964) asserted that the insiders—clients in all professional relationships—ideal role is to hope when working with rehabilitation providers; whereas, the rehabilitation providers, the outsiders, may see their ideal role is to provide an “objective, realistic evaluation of the situation...the most probable outcome in the future”(p.232). The client embraces the dictum of possibilities, whereas the professional embraces the dictum of probabilities. Dembo posited that the dictum of probabilities is the system of judgment one typically operates under, but the struggle to hope—“the threatening loss of great importance” engenders the need for the dictum of possibilities, where even the probability of .1% creates hope and energy (p.233). Dembo stated that individuals are guided by “the wished for possible occurrence”(p.233). She further deduced that the clients need hope to motivate adaptive behaviors of everyday life. The hope is not for a cure, but for improvement, for growth, and change. Hope is a needed catalyst for action.

In the realm of the dictum of probabilities, Dembo concluded that there may be two professional responses for the hope for a better tomorrow—one professional approach does not acknowledge the rehabilitation provider's influence on hope and the other approach directly acknowledges the need to embrace reality and squash hope. In the first approach, the professional does not even acknowledge their influence on the client's hope at all. Dembo posited that rehabilitation providers operating under the first approach believe that they only deal with expectations and that “although they see the case as a ‘hopeless’ one, they say they do not

touch the problem of hope”(p.233). The later approach, the more extreme one, is a one where “hope should be taken away from the parents ”because hope only delays the inevitable decisions and create “undue expense” on the parents (p.233). The judgment of the parents in the second extreme approach is overtly judged to be lacking reality appraisal. Dembo deduced that the professionals “devaluative attitude” towards the parent—of being dismissed, misunderstood, and disrespected —creates a disconnection between them; hence, professionals are judged as insensitive and thus a break in the working alliance occurs. Dembo deduced that the break must be worked through before any decisions on the future can be made.

To address the disconnect between the provider and the parent, or the provider and the individual with disability, Dembo provided suggestions for parents, professionals, and student training to become professionals. Dembo’s suggestions for the insiders is to be informed about the provider’s orientation towards the dictum of probabilities. That parents or individuals with disabilities need to be aware that providers will have contrary opinions and recommendation to their hopes; that they also “do not support hope as a positive outcome in the future,” and that their opinion “may not be better than those of any other person”(p.234). Parents need to be educated on the position of the professional.

Dembo’s prescription for the providers is:

- 1) to acknowledge that they cannot truly know if the probable or possible approach is better,
- (2), that their views, values, and thus expectations come from their personal opinions,
- (3) that clients/consumers come to them for hope—even if it is momentarily—to alleviate suffering;

(4) that it is professional's role to empower individuals to seek out information, disagree, advocate, and hope no matter what the clinician's viewpoint is, and

(5) that clinicians need to underscore that their clinical judgment reflects their own orientation towards "realistic or hopeful approach[es]"(p.234).

Dembo concluded that providers must inform, empower, support, and acknowledge hopes of clients; and that they must acknowledge their outsider position. Providers must acknowledge the uncertainty of their judgment and the uncertainty of hope.

Dembo then posited that trainees need to be provided opportunities to inhabit other viewpoints, so they can understand the decision-making process of the client. Engendering opportunities for empathy and compassion, may not only affect their clinical skills, but Dembo concluded it may create changes in their own values and ways of being. Dembo concludes her suggestions with the acknowledgment that investigations into client and professional relationships, to insider and outsider relationships need to occur. Since she delineated her theory, numerous researchers have investigated the insider-outsider dynamic, and even created exercises and intervention on sensitizing outsiders (Wright,1975). The insider-outsider dynamic is now an established line of inquiry in behavioral science; however, the issue of hope, of uncertainty, the disconnect between the dictum of probabilities and the dictum of possibilities is not just about positionality. It is also about honoring hope, uncertainty, and risk. It's about embracing ambiguity.

Conclusion

When we look to the consumer's hope, rehabilitation counselor's need to acknowledge that hope is also about the concept of the dignity of risk—the autonomy of choice and its repercussions. Risk is part of an individual's every waking moment. It's essential for growth and

development. The dignity of risk is also at the cornerstone of self-determination. All individuals have the right to make decisions and develop their goals—to hope for a better future. Negative and positive consequences may come out of the choices one makes, but both effects help people learn and, at times, expand their lives. Failure to obtain a goal is not the end of life. Reappraisal, change, risk is common. Great outcomes sometimes require great risk and great unknowns, thus uncertainty. There can be “healthy development in risk-taking and crippling indignity in safety”(Perske, 1972). Individuals with disabilities lives are hampered when caregivers, providers, and society make their decisions for them. Paternalistic overprotection is not what individuals need (Sanders, 2006). Hope is what needed—the realm of possibilities needs to be acknowledged as essential components to success.

CHAPTER THREE

Methods

“Be guided in your in actions and planning by the wish for possible occurrence.”

(Dembo, 1964, p. 233)

Research Design

A true experimental analogue design was conducted to examine rehabilitation counselors’ (RC) orientation to the spectrum of probabilities and possibilities. Since there is no extant research investigating the influence of the spectrum of probabilities and possibilities on clinical judgment, an analogue design is an appropriate methodology to employ for an emerging line of inquiry (Reynolds & Streiner,1998). It is important to note that analogue studies typically have a high internal validity due to high experimental control (Cook & Rumrill, 2005). However, there is reduced external validity in analogue research, and fears exist that the results are not generalizable (Cook & Rumrill, 2005; Reynolds & Streiner,1998). Although, this assumption is often in dispute. Emmelkamp and colleagues (1984) compared an analogue study on therapeutic treatment outcomes to two in vivo treatment groups, and their statistical comparisons revealed that the results were generalizable. One way to reduce the threat to external validity or increase external validity is to create detailed and specific vignettes as the “treatment.” It is thus essential to mirror reality as closely as possible. The sample also needs to be random. However, by its very nature, the threat to external validity will remain because it is a contrivance, and it does “fail to capture the rich contextual characteristics of real evaluation settings”(Campbell & Mark, 2015, p.213). But since this is an emerging line of inquiry into the understanding of the use of probabilities and possibilities in the clinical judgment of RCs, the analogue study is invaluable in providing information and directions for follow-up studies.

The study design involved one-way Analysis of Variances (ANOVAs) with repeated measures that utilize the hypothetical TAY's expressed vocational hope level to evaluate its effect on clinical judgment of RCs. The study focused on the general evaluation of the hypothetical TAY and the estimate of vocational potential and then investigated possible moderators for clinical judgment, as defined by the dependent variables. The possible moderators analyzed in the study were: RC's vocational hope, RC's tolerance of ambiguity, and disability status.

Research Questions

The research questions in the present study are as follows:

Research Question (RQ) 1. Do the rehabilitation counselors' estimates of TAY's vocational potential differ between two-time points?

RQ 2. Does the rehabilitation counselors' general evaluation of the TAY's differ between two-time points?

RQ 3. Does the rehabilitation counselors' estimate in their confidence differ between two points in time?

RQ 4. Do the estimates of TAY's vocational potential differ between two time points as a function of TAY's vocational hope?

RQ 5. Does the rehabilitation counselor's general evaluation of the TAY's differ between two time points as a function of TAY's vocational hope?

RQ 6. Does the rehabilitation counselors' estimate in their confidence differ between two point as a function of TAY's vocational hope?

RQ 7. Is there a significant difference in rehabilitation counselor's estimates of TAY's vocational potential among three different levels of hope at time one and time two?

RQ 8. Is there significant difference in rehabilitation counselors' estimates of TAY's general evaluation among three conditions at time one and time two?

RQ 9. Is there significant difference in rehabilitation counselors' estimate in their confidence among three levels of hope at time one and time two?

RQ 10. Does the rehabilitation counselor's tolerance of ambiguity moderate the relationships between TAY's vocational hope and the counselor's clinical judgment?

RQ 11. Does the rehabilitation counselor's vocational hope moderate the relationships between TAY's vocational aspiration as a proxy for vocational hope and the rehabilitation counselor's clinical judgment?

RQ 12. Does disability status moderate the relationships between TAY's vocational hope and the rehabilitation counselor's clinical judgment?

Sampling Plan

Based on a G*power analysis (Erdfelder et al., 1996), using an eta squared medium effect size ($F = .314$) at power $(1 - \beta) = .80$, with an alpha level of .05, an estimated 102 RC were needed to be recruited. Inclusion criteria include RCs who currently self-describe as having a caseload of TAY consumers. RCs were initially drawn from a 3,000 randomly selected email list that was rented from the Commission on Rehabilitation Counselor Certification (CRCC). To obtain the study population, the researcher obtained an email rental agreement with the CRCC and received 3,000 randomly selected email addresses of RCs from the CRCC database; a conservative response rate of 15% was estimated. As Bishop and colleagues (2024) noted, response rates have been falling in the United States and in Europe; in fact, for their non-incentivized study on adjustment counseling, their response rate had only an 11.2% percent response rate for RCs; Markve (2013) for his study that used an opportunity drawing to incentivize a study on RCs'

ethical orientation found a response rate of 17.8%; Kuo (2013) for his study investigating RC's perceptions of importance and competence of assistive technology had a 24.3% response rate. After assessing the email list for individuals who may have knowledge of the survey (e.g., members of the dissertation committee, close friends of the researcher, and attendees at a research talk) nine emails were deleted from the list; thus, the researcher initially sent out 2991 emails. The researcher sent out one invite and two reminders over a six-week period. The response rate for the CRCC list-serv was 13.33%. However, the number of eligible CRCC participants who passed the screener and completed the study was only 65. To obtain the minimum sample, the study was then disseminated via the Vocational Rehabilitation Technical Assistance for Quality Employment (VRTAC-QE) electronic newsletter twice, and also the National Technical Assistance Center for Transition (NTACT-C) electronic newsletter three times. An additional 24 participants were obtained during this period. Since the sample was not met, the study call was then sent to International Association of Rehabilitation Professionals (IARP) and American Rehabilitation Counseling Association (ARCA) discussion board—and was posted on the private Facebook group, Rehabilitation Professionals. During the third wave of dissemination, the researcher added an additional question to the screener to capture where the participants heard about the study. Only one of the participants who completed the survey was from the Facebook group. Seven heard about the survey from a discussion board (two specifically identified IARP), and four said they heard about it from a colleague. A total of 101 subjects completed the survey, with 100 of them were included in the data analysis.

The RCs were randomly assigned to one of three conditions where the simulated TAY's information was presented. The cases were held identical except for the independent variable, the vocational aspiration as a proxy for the TAY's vocational hope. The three conditions, the TAY

consumer's levels of vocational aspiration as a proxy for hope, are operationalized for this study as one depicting a hypothetical TAY consumer with a highly complex vocational aspiration that is dubious in its reality appraisal (high hope) due to the high level of support needed to achieve; one depicting a hypothetical TAY consumer where reality appraisal and grounding is present but uncertainties still exist due to the vocational aspiration complexities and support needs (moderate hope); and one depicting a hypothetical TAY consumer who expresses no specific vocational aspirations (low hope) with very little support needs.

RCs rendered an initial judgment with minimal information provided, which reflects the initial stage of the rehabilitation counseling relationship, and again after subsequent information, which reflects a later stage of the process (a within-subject factor). The initial hypothetical TAY consumer information—personal, education, and pre-vocational history— was presented to the RCs in a minimal format to allow participants to speculate in forming their clinical judgments and for any stereotypes and biases to affect the RCs' perceptions. The ensuing information provided a more holistic and positive picture of the hypothetical consumer. It was hypothesized that a lack of receptivity to contradictory and more positive information about the hypothetical consumer would indicate evidence of confirmatory bias.

Case Materials

To augment the fidelity of case materials, genuine forms or templates used by education or state vocational rehabilitation agencies or individual rehabilitation counselor providers were employed. The initial materials presented were:

- (a) an application for state vocational rehabilitation (using forms obtained from the California Department of Rehabilitation);

- (b) an intake interview script depicting the initial stage of the vocational rehabilitation interview (the script used a questions template that was obtained from a RC who works in the Orange-San Gabriel District of the CA Department of Rehabilitation);
- (c) an individualized education plan (that follows Irvine Unified School District forms);
- (d) high school transcripts (that follow Fullerton Union High School transcripts), and;
- (e) a disorderly conduct police report.

The subsequent materials used to present a more holistic view of the hypothetical TAY consumer and his vocational aspiration were:

- (a) a Person-Centered Plan (that follows the Whittier Unified School Districts template);
- (b) a letter of reference from the TAY's high school transition teacher (that mimics an existing Los Angeles Unified transition teacher's letter of recommendation for her student);
- (c) the consumer's functional resume;
- (d) interview script that discusses the consumer's functional resume; and
- (e) a letter of reference from the hypothetical TAY's soccer coach that mimics a former Whittier High School official's (initial and subsequent case materials can be found in appendices B-D).

Each of the three conditions were identical except for the depictions of the hypothetical TAY's expressed vocational aspiration level as a proxy for vocational hope. Each vocational aspiration depicted employment goals with increasing complexity regarding skills, prestige, educational attainment, support needs to be attainable, and/or length of time to obtain. The initial information depicted rudimentary facts, allowing participants to speculate about the consumer's personality and behavior. At the same time, the additional materials were hypothesized to enable

a more comprehensive assessment due to the detailed additional information provided. Both the initial and subsequent case material types were inspired by Rosenthal's (1993) study.

The hope stimuli, the independent variable, was the stated aspirations of the hypothetical TAY consumer as presented in a vocational aspiration statement and in the content of written interviews. Stated aspirations of the hypothetical TAY consumer remained identical across case conditions in time one and time two. The interview script at time provided a statement of vocational aspiration as a proxy for vocational hope. Subsequently, an additional interview script further delineated the hypothetical consumer's vocational aspiration for the time two ratings.

Justification of the Hypothetical Consumer's Characteristics

The hypothetical TAY consumer was designed to reflect a typical TAY with a disability attending high school. The most common disability that a TAY has is a specific learning disability (SLD); 33% of all students in public education have a specific learning disability (SLD; National Center for Education Statistics, 2022). Common co-morbidities for dyscalculia—the primary SLD of the hypothetical consumer—include reading and writing SLDs; in particular, verbal comprehension, working memory, and processing speed have been found to overlap in both math and reading (Peterson et al., 2017). Regarding gender, males are more represented in special education than females (National Center for Education Statistics, 2022). Due to the lack of representation in state vocational rehabilitation of the largest special education student ethnicity group, Alaska Native/Native American (National Center for Education Statistics, 2022; Shaewitz & Yin, 2021), the researcher decided to focus on Hispanics at 14% of all special education students (National Center for Education Statistics, 2022). Hispanics have been found to have a higher eligibility rate in the vocational rehabilitation system than White Americans, African Americans, or Asian Americans (Shaewitz & Yin, 2021), but they also have been

consistently found to have poorer outcomes (Kaya et al., 2021; Langi et al., 2017). The hypothetical consumer's low socio-economic status reflects that 61% of all students with an SLD, 36% of all students with an SLD receive SNAP, and 14% receive supplemental security income (US Dept of Ed, 2017). Furthermore, it is common for a student with an SLD to come from a single-parent household at 36%. Additionally, the suspension depicted in the case materials reflects a common experience of a male high school student with an SLD; 27 % of students with an SLD have an out-of-school suspension (US Dept of Ed, 2017). Finally, the hypothetical consumer's use of marijuana is also common for male high school students; the National Center for Education Statistics (2019) survey found that 22.5% of males smoked marijuana at least once in the 30 days prior to their assessment.

Measurements

The survey included 6 scales that represent clinical judgment and positionality of RCs as the variables of interest: (a) general evaluation of the client; (b) vocational potential; (c) confidence levels of vocational potential; (d) tolerance of ambiguity; (e) vocational hope; and (f) demographics. The first three measures, general evaluation of the client, estimate of vocational potential-revised, and confidence levels of the estimated vocational potential, were used to quantify RC's clinical judgment at two different points in time, first, after nominal information was provided (time one) about the hypothetical TAY, and again, after additional information was provided (time two). The other three measurements were the Multiple Stimulus Types of Ambiguity Tolerance Scale-II (MSTAT-II), Career Commitment scale for vocational hope, and demographic information after time two. The collection of demographics after time 2 was done to avoid influence of positionality on the response to all the scales. Table 1 contains information

on each of the variables/constructs, instruments, and domains. Please see Table 3 for the summary of the ranges, means, and Cronbach alphas of the scales.

Table 1.

Variables/Constructs, Instruments, and Domains

Variables/Constructs	Instruments	Frequency	Domains
General evaluation of the client	General evaluation of the client (Rosenthal, 1993); 10 items; 7-point Likert-type scale	Time one and Time two	General emotive
Vocational potential	Estimate of vocational potential-revised (Rosenthal, 1993) ranking the top three potentials out of a pool of 8	Time one and time two	Vocational potential
Confidence of vocational potential evaluation	Confidence in vocational potential evaluation (researcher developed); 3 items; 5-point Likert-type scale	Time one and time two	Confidence in clinical judgment
Tolerance of ambiguity	The Multiple Stimulus Types of Ambiguity Tolerance Scale-II (MSTAT-II; McLain, 2009); 13 items, 5 point-Likert-type scale	After time two	Clinical decision making
Vocational hope	Career Commitment Scale (Carson & Bedeian, 1994); 12 items, 5 point- Likert-type scale	After time two	Career planning Career resilience Career identity
Demographics	34 items (researcher developed)	After time two	Demographics/positionality

The Estimate of General Evaluation of the Client

Rosenthal's (1993) Estimate of the General Evaluation of the Client is a 10-item, 7-point Likert-type semantic differential scale. Semantic differentials allow for subjective general evaluation to be obtained of the client (Osgood et al., 1957). The semantic differential assesses individuals' feelings towards a particular subject. Its three domains are frequency, potency, and

evaluation. The evaluation domain is the most widely used. The scale uses bi-polar pairs relevant to the domain surveyed (for example from Rosenthal's scale: successful and unsuccessful).

Previous analogue studies using the Estimate of General Evaluation of the Client semantic differential scale to assess the client's general evaluation have found that their Cronbach's alpha reliability estimates range from .73 to .92 (Blalock, 2005; Rosenthal, 1993; Rosenthal, 2004; Rosenthal & Berven, 1999). The Cronbach alpha for time one was .833 and for time two was .930 for this study.

Estimates of Vocational Potential-Revised

The Estimate of Vocational Potential-Revised is an adaptation of Rosenthal's (1993) Potential for Employment scale. Although his scale uses Roe and Lunneborg's (1990) six levels of potential occupational skills to calculate vocational potential along with median wage information, the current scale uses O*NET's five job zones classifications that range from little to no preparation needed to extensive preparation needed with the median wage information to calculate the vocational potential. The RCs choose three occupations out of the eight listed, which present different levels of employment in STEM occupations, and which they saw as the highest level of occupation likely to be achieved by the hypothetical consumer in his career. Based on O*NET's five job zones and median wages information, rankings for the careers will be created. Prior to the administration of the study, an expert panel helped to validate the rankings.

Confidence Level in Vocational Potential

This Confidence Level in Vocational Potential (researcher developed) was used to measure the RC's certainty of clinical judgement. Stankov et al. (2014) saw confidence measures as "capture[ing] key metacognitive experiences closely tied with decision making and self-

regulation”(p 176). Their review of confidence judgment scales found Cronbach alphas of confidence judgment scales ranging between .75 and .90; test-retests for a parallel test at two and four weeks ranged from .85 to .87, and .94 for informal assessments that occurred across a semester. The Cronbach alphas found for this study at time one was .737 and at time two .784. The measure of Confidence in Vocational Potential Evaluation is derived from RCs’ responses to confidence level questions after the ranking of each of estimates of vocational potential. Via a 5-point Likert-type scale (1 = not confident at all (20%), 2= slightly confident (40%), 3= moderately confident (60%), 4= quite confident (80%) , 5 = very confident (100%),0 question about their confidence specific to each individual ranking of vocational potential (per time) were asked of RCs to assess a confidence level via percentages.

Tolerance of Ambiguity

McLain (2009) developed The Multiple Stimulus Types of Ambiguity Tolerance Scale-II (MSTAT-II), a 13-item, 5-point Likert-type scale to capture five types of ambiguous stimuli: general, complex, unfamiliar, uncertain, and insoluble. Examples of MSTAT-II questions are “I would rather avoid solving a problem that must be viewed from several different perspectives”(insoluble); “I generally prefer novelty over familiarity”(unfamiliar); “I dislike ambiguous situations”(general); “I enjoy tackling problems that are complex enough to be ambiguous”(complex); and, “I find it hard to make choices when the outcome is uncertain”(uncertain). Construct validity was established for the revision through expert feedback and critique of data from studies using the Multiple Stimulus Types of Ambiguity Tolerance Scale I. McClain, in his three studies, found Cronbach alphas ranged from .79 to .83. The Cronbach alpha found for the current study was .829. With a 5-point Likert-type scale (1= strongly disagree through 5 = strongly agree) for thirteen questions, completed MSTAT-II scores

can range from 13-65. McMahon (2013), in a study looking at the tolerance of ambiguity and clinical judgment in nursing, dichotomized the scores into low and high tolerance of ambiguity; 44 and below was seen as having low tolerance of ambiguity, and 45-65 was seen as high tolerance of ambiguity.

Vocational Hope

Diemer and Blustein (2007) operationalized Carson & Bedeian's (1994) career commitment scale (CCM) as a measure of vocational hope. They saw CCM as vocational hope due to its future orientation and how items reflected connections to the work role "despite barriers and anticipated personal hardship" (Diemer & Blustein, 2007, p. 104). Additionally, there are items that do reflect the pathways and agency thinking of Snyder's hope. On a 5-point Likert scale, the CCM has a total of 12 items, with a maximum score of 60. The higher the total score for the measure, the higher the degree of vocational hope one has for their career. Carson & Bedeian's (1994) factor analysis found a three-factor structure: career planning, career resilience, and career identity. Examples of items from the scale include: "I have created a plan for my development in this line of work/career field"(career planning); "Given the problems I encounter in this line of work/career field, I sometimes wonder if I get enough out of it."(career resilience); and "My line of work/career field is an important part of who I am."(career identity). Coefficient alphas ranging from .79 to .85 were found in Carson and Bedeian's samples of high school students and adults. Diemer and Blustein (2007) found an alpha of .70 for their study of urban adolescents. The Cronbach alpha found for the current study was .759.

Demographic Information

The following demographic information was collected: age, gender, disability status, significant other's disability status (first-degree relatives and partners), relationship status,

whether they are a family member of a transition-age youth, race/ethnicity, level of education (i.e., highest degree earned), year of graduation from their MS program, licensure/certification statuses, years of work experience as a rehabilitation counselor, state of residency, and community size where they practice.

The demographic questionnaire is included in Appendix K.

Subjects

A total of 100 subject met the inclusion criteria. Subjects were rehabilitation counselors who have a caseload of transition-age youth. The counselors lived in 38 states and worked in various employment settings. State vocational rehabilitation agencies had the largest employer represented in the sample. The counselors in each condition were typically well established in their careers with the vast majority of the subjects holding a Master's degree, a CRC, and in each condition the subjects respectively having a range from 13.63 to 16.14 years. The demographics are summarized in Table 2.

Table 2

Participant Demographic Characteristics

		Low Hope Condition		Moderate Hope Condition		High Hope Condition	
		N(%)	Mean (SD)	N(%)	Mean (SD)	N(%)	Mean (SD)
Age	18-24	1 (3.2)		1 (3.1)		0	
	25-34	3 (9.7)		6 (18.8)		6 (16.2)	
	35-44	13 (41.9)		6 (18.8)		12 (32.4)	
	45-54	4 (12.9)		9 (28.1)		8 (21.6)	
	55-64	8 (25.8)		7 (21.9)		10 (27)	
	65-74	2 (6.5)		3 (9.4)		1 (2.7)	
Gender	Female	25 (80.6)		28 (87.5)		31 (83.8)	
	Male	6 (19.4)		4 (12.5)		5 (13.5)	
	Non-binary					1 (2.7)	
Race	Asian	1 (3.2)		2 (6.3)		2 (5.4)	
	Black or African American	2 (6.5)		3 (9.4)		3 (8.1)	
	White	25 (80.6)		26 (81.3)		31 (83.8)	
	Hispanic	3 (9.7)		1 (3.1)		1(2.7)	
US States	Alabama	0		1 (3.1)		0	
	Alaska	0		0		0	

Arizona	1 (3.2)	0	0				
Arkansas	0	1 (3.1)	1 (2.7)				
California	4 (12.9)	2 (6.3)	3 (8.1)				
Colorado	1 (3.2)	0	1 (2.7)				
Connecticut	0	0	1 (2.7)				
Delaware	0	0	0				
Florida	2 (6.5)	1 (3.1)	0				
Georgia	0	4 (12.5)	0				
Hawaii	0	0	0				
Idaho	2 (6.5)	3 (9.4)	3 (8.1)				
Illinois	3 (9.7)	0	2 (5.4)				
Indiana	0	0	1 (2.7)				
Iowa	3	0	0				
Kansas	0	0	0				
Kentucky	0	1 (3.1)	0				
Louisiana	1 (3.2)	0	0				
Maine	0	0	1 (2.7)				
Maryland	1 (3.2)	1 (3.1)	0				
Massachusetts	1 (3.2)	0	4 (10.8)				
Michigan	1 (3.2)	1 (3.1)	1 (2.7)				
Minnesota	1 (3.2)	0	1 (2.7)				
Mississippi	0	1 (3.1)	0				
Missouri	1 (3.2)	0	0				
Montana	1 (3.2)	0	0				
Nebraska	0	1 (3.1)	0				
Nevada	0	0	0				
New Hampshire	0	0	0				
New Jersey	0	1 (3.1)	2 (5.4)				
New Mexico	0	1 (3.1)	0				
New York	1(3.2)	1 (3.1)	3 (8.1)				
North Carolina	0	0	0				
North Dakota	0	0	2 (5.4)				
Ohio	2(6.5)	5 (15.6)	2 (5.4)				
Oklahoma	0	0	0				
Oregon	1(3.2)	0	0				
Pennsylvania	2(6.5)	1 (3.1)	0				
South Carolina	0	1 (3.1)	0				
South Dakota	0	0	0				
Tennessee	0	0	1 (2.7)				
Texas	0	0	3 (8.1)				
Utah	1(3.2)	0	1 (2.7)				
Vermont	0	0	1 (2.7)				
Virginia	0	2 (6.3)	0				
Washington	0	1(3.1)	0				
West Virginia	0	1(3.1)	0				
Wisconsin	1(3.2)	0	0				
Wyoming	0	0	3 (8.1)				
		Low Hope Condition	Moderate Hope Condition	High Hope Condition			
		N(%)	Mean (SD)	N(%)	Mean (SD)	N(%)	Mean (SD)
US Census	Northeast	4 (12.9)		4 (12.5)		12 (32.4)	
Region	Midwest	13 (41.9)		7 (21.9)		12 (32.4)	
	South	5 (16.1)		14 (43.8)		5 (13.5)	
	West	9 (29.0)		7 (21.9)		8 (21.6)	
City Size	Rural	2 (6.5)		10 (31.3)		9 (24.3)	

Relationship Status	Small City	9 (29.0)		6 (18.8)		8 (21.6)	
	Suburb	10 (32.3)		9 (28.1)		14 (37.8)	
	Large City	10 (32.3)		7 (21.9)		6 (16.2)	
	Never Married	6 (19.4)		4 (12.5)		8 (21.6)	
	Married	16 (51.6)		22 (68.8)		24 (64.9)	
	Widowed	2 (6.5)		1 (3.1)		2 (5.4)	
	Divorce	6 (19.4)		5 (15.6)		3 (8.1)	
	Separated	1 (3.2)		0		0	
		Low Hope Condition		Moderate Hope Condition		High Hope Condition	
		N(%)	Mean (SD)	N(%)	Mean (SD)	N(%)	Mean (SD)
Disability Status Type of Disability	PWOD	18 (58.1)		20 (62.5)		14 (37.8)	
	PWD	13 (41.9)		12 (37.5)		23 (62.2)	
	Chronic Health Conditions	1 (3.2)		1 (3.1)		3 (8.1)	
	Learning Disability	1 (3.2)		0		1 (2.7)	
	ASD	1 (3.2)		0		1 (2.7)	
	Psychiatric Disability	2 (6.5)		5 (15.6)		9 (24.3)	
	Mobility Disability	3 (9.4)		0		0	
	Visual Impairment	1 (3.2)		0		0	
	Brain Injury	2 (6.5)		0		0	
	Deaf/Hard of Hearing	2 (6.5)		1 (3.1)		3 (8.1)	
	ADHD	0		2 (6.3)		3 (8.1)	
	Other	0		2 (6.3)		3 (8.1)	
	N/A	18 (58.1)		20 (62.5)		14 (37.8)	
	Did not disclose disability type	0		1 (3.1)		0	
	Secondary Disability	No	8 (25.8)		6 (18.8)		9 (24.3)
Yes		5 (16.1)		6 (18.8)		14 (37.8)	
N/A		18 (58.1)		20 (62.5)		14 (37.8)	
Family Member with a Disability	No	8 (25.8)		10 (31.2)		10 (27.0)	
	Yes	23 (74.2)		22 (68.8)		27 (73.0)	
Caregiver of a Transition-Age Youth	No	23 (74.2)		21 (65.6)		25 (67.6)	
	Yes	8 (25.8)		11 (34.4)		12 (32.4)	
Highest Degree Obtained	BA/BS	2 (6.5)		2 (6.3)		2 (5.4)	
	MS/MA/MED/MRC/MSW	27 (87.1)		27 (84.4)		31 (83.8)	
	EdS	2 (6.5)		0		1 (2.7)	
	EdD	0		0		0	
	PhD	0		2 (6.3)		3 (8.1)	
	MBA	0		1 (3.1)		0	
	No MS	2 (6.5)		2 (6.3)		2 (5.4)	
Master's Degree	Rehabilitation	25 (80.6)		18 (56.3)		24 (64.9)	
	Clinical Rehabilitation	1 (3.2)		3 (9.4)		5 (13.5)	
	Counseling	2 (6.5)		3 (9.4)		2 (5.4)	
	Social Work	1 (3.2)		2 (6.3)		0	
	Psychology Degrees (e.g. School Psychology, Applied Psychology, Clinical Psychology)	0		3 (9.4)		3 (8.1)	
	Other	0		1 (3.1)		1 (2.7)	

		Low Hope Condition		Moderate Hope Condition		High Hope Condition	
		N(%)	Mean (SD)	N(%)	Mean (SD)	N(%)	Mean (SD)
	Graduated with Highest Degree		2010		2010		2008
CRC	No	6 (19.4)		9 (28.1)		4 (10.8)	
	Yes	25(80.6)		23(71.9)		33(89.2)	
Additional Licensure or Certification	No	19 (61.3)		14(43.8)		19 (52.4)	
	Yes	12		18 (56.2)		18	
Place of Employment	State Vocational Rehabilitation	20 (64.5)		18 (56.3)		22 (59.5)	
	Private Not for Profit K-22 Education	2 (6.5)		2(6.3)		2 (5.4)	
	Accommodation's Office	3(9.7)		4 (12.5)		4 (10.8)	
	College Teaching	1(3.2)		3 (9.4)		4 (10.8)	
	Medical Center or Rehabilitation Facility	0		0		1(2.7)	
	Community Mental Health	0		1(3.1)		1(2.7)	
	Client Advocacy Organization	0		0		1(2.7)	
	Substance Use Facility	0		2(6.3)		0	
	Worker's Compensation	0		1(3.1)		0	
	Private For Profit	1(3.2)		0		0	
	Self Employed	33(9.7)		1(3.1)		1(2.7)	
		0		0		1(2.7)	
Years in Rehab			15.00		13.63		16.14

Procedures

Expert Panel

To increase the validity and reliability of the study, an expert panel of practitioners (n = 4), rehabilitation counselor education educators (n = 3), and transition researchers (n = 3), was assessed the case materials fidelity to realistic documentation, to provide an agreement of rank order (as previously predicated on ONET skills level and wages) of vocation for the estimate of vocational potential and to validate the hope levels. Participation was voluntary and panelist received no compensation for their feedback. Panel was convened to ensure validity of case materials to real life case materials.

Seven of experts held a Ph.D., one expert held an EdD, and two held an MS. Three were male, and seven were females. Seven panelists were White (one panelist was Hispanic) and two were Asian. Six held a CRC. Two had a disability. The panelist represented a range of employment settings: six experts held professorships (four in rehabilitation counseling and one in special education), one was a recently retired director of transition for a large school district in California who was also a Regional Director for two federal demonstration grants dealing with transition aged youth, one was employed in state vocational rehabilitation counseling, one was currently employed as a disability support service advisor at an Adult School, but formerly worked as a state vocational rehabilitation counselor, and one was employed as a senior scientist providing interventions to transition aged youth with autism. Three were parents of children with disabilities or chronic illnesses. Panelists age ranged from 33-69 years of age, with a mean age of 49.6 ($SD=12.43$). Panelists total years of experience working with transition aged youth ranged from 3 to 40 years, with a mean of 14.6 years ($SD=10.92$). Panelist were from a wide geographic area: five of the experts lived in West, four in the Midwest, and one in the Mid-Atlantic. Panelists were chosen due to their knowledge of transition, in particular their experience providing or developing or researching services and interventions with transition aged youth with disabilities. Effort was made to create an expert panel that represented transition researchers, practitioners, and educators.

Regarding the case materials, four of the expert panelists ranked the overall case material as good and six of the panelists ranked them as very good. They all agreed the case materials were appropriate for the study. When asked if they would change or add anything to the case materials, one expert panelist suggested providing evidence of vocational testing, another panelist suggested adding more details that aligned with robotic engineer as a vocational choice,

and another panelist suggested revising time two interviews to reflect a less polite Emilio. All suggestions were implemented. Time two interview was revised to reflect a less polite Emilio, vocational assessment results were added to Emilio's IEP, and an extracurricular activity related to robotic engineering was added to the functional resume. Overall, the 10-panelist felt that Emilio was a believable representation of a transition aged youth. One noted that "Emilio seems like a typical case, even with the three vocational aspirational types, I can see them as possibilities as some have more developed aspirations and others may take more time. They are realistic."

In regard to the hope levels, eight of the ten panelists ranked just a job as low hope, a motorcycle mechanic as moderate hope, and robotic engineer as high hope. Of the two that ranked the levels different than the researcher intended, interestingly, one of the panelists had inverted rankings—low for robotic engineer, moderate for motorcycle, and high hope for just a job. The other panelist ranked just a job as low hope, robotic engineer as moderate hope, and motorcycle mechanic as high hope. Both panelists were researchers. The panelist that ranked motorcycle mechanic as moderate hope noted that vocational hope had not been operationalized in the materials given to them and thus, they had to look for a definition to answer the question. Due to the oversight of not providing an operationalized definition of vocational hope, the researcher contacted additional transition researchers and rehabilitation counselor educators (n=6) and provided them with a short case summary (see Appendix E) and then asked them to rank the vocational aspiration levels. The levels of vocational hope levels in the case materials via vocational aspirations were operationalized in term of attainability. Low vocational hope was easily attainable with some vocational rehabilitation support, moderate hope was attainable with moderate vocational support, and high hope was attainable only with extensive rehabilitation

support. All of the additional transition researcher and educators ranked the vocational aspiration levels accordingly to the researcher's conceptual understanding of the conditions.

The panel of 10 experts also provided information on the face validity of the Estimate of Vocational Potential-Revised scale. They were asked to rank order the scale vocations. Interestingly, four of the panelists ranked radiology technologist and forensic technologist higher than robotic engineer. Through discussion with the creator of the original scale, the decision was made to change the names of the occupations to radiology tech and forensic tech. Due to this revision, the researcher conducted another validation with 18 second year master's students in rehabilitation counseling who are seen as suitable proxy for rehabilitation counselors (Rosenthal, 1993), and from that time no additional revisions were deduced to be needed.

Pilot Testing

Prior to disseminating the survey, a pilot test was conducted to evaluate accessibility and readability. Pilot participants were picked due to their current or past vocational experience with transition aged youths. Participants consisted of four current practitioners (three with master's in clinical rehabilitation counseling; one participant had only a BA but had some graduate work in rehabilitation counseling) and two Ph.D. level rehabilitation counseling researchers who had previous experience providing vocational services to transition aged youths. Five of the participants had CRCs. Two practitioners worked in disability accommodations centers in large R1 universities, one practitioner provided both career and mental health interventions for transition aged youth with IDD, and the other practitioner was a state vocational rehabilitation counselor. All four practitioners had a disability or chronic health condition. The pilot suggested minor typographical edits to the demographic questionnaire. The typographical mistakes were addressed based on the feedback provide.

Data Collection

After receiving approval from both the Institutional Review Board (IRB) and the CRCC to conduct the incentivized study, official invitation emails (see Appendix M) were sent to potential RC participants via the CRCC email list. The letter included details about the purpose of the study, inclusion criteria, contact information of the researcher, and information about the incentive, the first 200 completed respondents were eligible to receive \$15-dollar electronic gift card. Potential RC participants were provided a link to the study. To disseminate the study via the VRTAC-QE and the NTACTION-C list-serv, a newsletter blurb was created (see Appendix N). The blurb briefly described the time, length, and incentive of the study; it also provided an anonymous link to the study. Likewise, to disseminate the study via the Rehabilitation Professionals Facebook page, ARCA, and IARP, another blurb was created. The discussion board blurb—with IRB approval—also acknowledged that all who completed the survey would be eligible for the \$15 Amazon gift card (see Appendix O). Whether through the emailed link or the newsletter link or the list-serv link, potential participants were initially routed to a screening page. The screener initially asked one question, “do you currently work with transition aged youth with disabilities?” Individuals who replied no to the question were thanked for their interest in the study and were found ineligible to complete the study. Participants who said, “yes” proceeded to the informed consent page. With the additional dissemination pools, although not used to screen for eligibility, two additional questions were asked: “do you have a CRC?” and “where did you hear about the study?”. Once eligible participants completed the screener, the informed consent procedures were delineated in a written document (see Appendix L). Potential study participants were informed that their participation was voluntary, and that the data collected would remain anonymous and confidential. Once they gave consent, they were able to

complete the study electronically via a web-based survey by Qualtrics Survey Hosting Service (2020; Qualtrics, Provo, UT). At their study's completion, the RCs were eligible to be compensated for their time with a \$15 dollar gift card. To obtain the gift card, the RCs were asked to provide their emails to the researcher. The participants' collected emails were not stored with their data.

After subjects gave their consent to participate in the online survey, they were randomly assigned to one of the three conditions, and subjects were then be presented with the initial case material and clinical judgment scales. The initial case materials were:

- (a) an application for state rehabilitation (using forms obtained from the California Department of Rehabilitation);
- (b) an intake interview script depicting the initial stage of the vocational rehabilitation interview (the script uses a questions template that was obtained from a RC who works in the Orange-San Gabriel District of the CA Department of Rehabilitation);
- (c) an individualized education plan (that follows Irvine Unified School District forms);
- (d) high school transcripts (that follows Fullerton Union High School transcripts), and;
- (e) a disorderly conduct police report

The first measure that RCs completed was the General Evaluation of the Client. The second measure was the Estimate of Vocational Potential Revised. After the RCs completed the rankings, they were then be asked to assess their confidence in their judgment. Capturing the information regarding their certainties at this moment in time reflects cognitive patterns of reasoning (Stankov et al., 2014). As such, the subjects were not allowed to go back to the questions once they left the page. After the salience check on the TAY's vocational hope, the

culminating question for time one was a free response question asking the RCs to list the information they considered important in ratings and determination.

Once the RCs completed the time one scales and questions, the second set of materials were presented. The second set of materials were:

- (a) a Person-Centered Plan (that follows the Whittier Unified School Districts template);
- (b) a letter of reference from the consumer's high school transition teacher (that mimics an existing Los Angeles Unified transition teacher's letter of recommendation for her student);
- (c) the consumer's functional resume;
- (d) interview script that discusses the consumer's functional resume; and
- (e) a letter of reference from the hypothetical TAY's soccer coach that mimics a former Whittier High School official (initial and subsequent case materials can be found in appendices B-D).

After the second set of materials, the identical version of the dependent measures was presented. The participants were not allowed to change their time one responses. The order of the assessment measures followed with a transparency check. At the end of the time two, and after the salience check and the listing of information considered important in ratings was asked, MSTAT-II and vocational hope scales, and the demographic questionnaire was presented.

Salience Check on Consumer's Vocational Aspiration

To check on the salience of the consumer's vocational aspiration in the case materials, RCs were asked what they recall being the consumer's vocational aspiration as depicted in the case materials.

Transparency of the Purpose of the Study Check

After completing the time two materials, RCs were asked, “What research hypotheses do you suspect are being investigated?” If a substantial number of RCs identified that the effects of hope were being investigated, that transparency could cast doubt on the results of the study.

Listing of Information Considered Important in Ratings and Determination

To gain further insight into the RCs’ clinical judgement, participants were asked to identify the information they viewed as essential in making their clinical judgments. The qualitative information, the information considered important in rating and determination, via free-response format, were collected after the completion of each time point in the study. At the end of the study, additional qualitative questions about vocational aspirations were asked. The additional qualitative questions that were asked are:

How do you motivate a transition-aged-youth to engage in career development activities?

What facilitates a transition-aged-youth to engage in career development activities?

What barriers do you feel impede transition aged youth’s vocational aspirations?

Based on your experience what is the best and worst part of working with transition aged youth with disabilities?

What is the role of hope in the context of vocational counseling?

The qualitative information gathered was not analyzed in the present study but was collected for future use to gain insight into the participants’ decision-making process.

Data Analysis

A quantitative experimental survey design with a series of descriptive statistics, one-way ANOVAs with repeated measures, and moderation analyses was utilized to interpret results, answer each research questions and examine hypotheses. The data was downloaded from

Qualtrics' database and imported into Statistical Package for Social Science 29.0 (SPSS; IBM Corp,2022). Data analysis included several approaches to confirm the model and address the research questions.

Preliminary Screening

Prior to full data analysis, initial data analyses involved data cleaning processes that included importing data, naming variables, reverse coding, checking accuracy, outliers (Mahalanobis distances), and examining missing data.

Missing Data

Missing data is a familiar problem in data analysis (Cohen et al, 2003). To address the issue, four factors must be considered: (1) amount of missing data, (2) sample size, (3) reasons for the missing data, and (4) number of researchers who will be using the dataset. An individualized approach is needed. Although, it is deemed that the best approach is to reduce missing data as much as possible. Therefore, participants in this study who had a large percentage of missing data (>15%) or who did not complete a scale were removed. 5% or less of missing data has been seen to have a negligible effect on the interpretation of data (Schafer, 1999). One participant did not complete the Estimate of Vocational Potential-Revised and was removed from the data set. Once the subjects were removed, no standardized measures were found to have missing items at the scale level.

Descriptive Analysis

Using the SPSS 29 (IBM Corp ,2022), descriptive statistics were calculated for all demographic variables and study variables. For all continuous variables, means and standard deviations were calculated. For all categorical variables, frequencies and percentages were calculated. The frequency of RCs endorsement of specific vocations at time one and time two is

presented in Table 5 and Table 6. In addition, internal consistency reliabilities of measurements used in this study were computed using Cronbach's alpha.

Analysis of Variance (ANOVA) Assumptions

ANOVA with repeated measures has six assumptions. Three of the six assumptions have been met due to the study design: the dependence variable is continuous in nature, the independent variable consists of three independent groups, and there will be independence of observations. Once the data collection had been completed, the researcher needed to assess for the final three assumptions before data analysis can be conducted. The final three assumptions for repeated measures are: no significant outliers, normal distribution of the data, and variances of the differences between related groups are equal. The first five assumptions for one-way ANOVAs are the same as one-way ANOVAS with repeated measures; however, assumption six for a one-way ANOVA is not the variance of differences but homogeneity of variances.

In the current study, the equal variance assumption was violated. Due to this violation, the post-hoc test, Tamhane T2, a test that does not assume equal variance nor equal sample size was employed to test for significance (Sauder et al, 2019). Tamhane T2 is a conservative test designed to control for type one error.

Due to the violation of equal of variances, the variances of differences between related groups assumption, an assumption for repeated measures, was assumed to be violated too. So Mauchly's test (1940) was employed to obtain the Huynh-Feldt correction (1959). The Huynh-Feldt correction was used to assess significance.

After the statical assumptions (independence of observations, normal distribution, no significant outliers, and variance of the difference between related groups are equal) were addressed , one-way ANOVAs with repeated measures were conducted to test for the main

effects of vocational aspiration as a proxy for vocational hope (the three levels of hope) and amount of information (initial versus subsequent) on each of the two dependent variables for clinical judgment (estimate of vocational potential and estimate of vocational goal). In each case, the within-subject factor was the time (initial assessment vs. subsequent assessment), and the between-subject factor was the group (the three levels of consumer hope); the tests allowed for six of the research questions to be answered.

Moderation Analysis

Moderation analyses were used to address research questions 10-12. The analyses, respectively, evaluated the RCs' orientation to the dictum of probabilities as operationalized as tolerance of ambiguity, the influence psychological affordance of RCs' own vocational hope and the influence of positionality via disability status as possible moderators between the predictor, which was the group conditions, and the dependent, Estimate of Vocational Potential-Revised time two. Fields (2022) PROCESS macro 4v2 for SPSS was used to conduct the moderation analyses. Disability status by its very nature is a dichotomized variable. Tolerance of Ambiguity was dichotomized following McMahan (2013) example (44 and below was seen as having low tolerance of ambiguity, and 45 and above was seen as having high tolerance of ambiguity) and vocational hope was dichotomized at the sample median (47 and above was high vocational hope and 46 and below were low vocational hope). Additionally, since PROCESS macro v4.2 only uses two categories for multi-categorical predictors, predictor variable needed to be assessed in pairs, and a dummy variable was created to do so.

Chapter Four

Results

“Hope is not the conviction that something will turn out well but the certainty that something makes sense, regardless of how it turns out.”—Vaclav Havel

The purpose of the study was to begin to understand rehabilitation counselors' orientation to the dictum of probabilities and possibilities. The study took a twofold approach: (a) to determine the influence of TAY's vocational hope on the clinical judgment of rehabilitation counselors; and (b) to explore the effects of tolerance of ambiguity, vocational hope, and positionality on the clinical judgment of rehabilitation counselors working with TAY. The current chapter presents the results for the following research questions:

Research Question (RQ) 1. Do the rehabilitation counselors' estimates of TAY's vocational potential differ between two-time points?

RQ 2. Does the rehabilitation counselors' general evaluation of the TAY's differ between two-time points?

RQ 3. Does the rehabilitation counselors' estimate in their confidence differ between two points in time?

RQ 4. Do the estimates of TAY's vocational potential differ between two time points as a function of TAY's vocational hope?

RQ 5. Does the rehabilitation counselor's general evaluation of the TAY's differ between two time points as a function of TAY's vocational hope?

RQ 6. Does the rehabilitation counselors' estimate in their confidence differ between two points as a function of TAY's vocational hope?

RQ 7. Is there a significant difference in rehabilitation counselor's estimates of TAY's vocational potential among three different levels of hope at time one and time two?

RQ 8. Is there significant difference in rehabilitation counselors' estimates of TAY's general evaluation among three conditions at time one and time two?

RQ 9. Is there significant difference in rehabilitation counselors' estimate in their confidence among three levels of hope at time one and time two?

RQ 10. Does the rehabilitation counselor's tolerance of ambiguity moderate the relationships between TAY's vocational hope and the counselor's clinical judgment?

RQ 11. Does the rehabilitation counselor's vocational hope moderate the relationships between TAY's vocational aspiration as a proxy for vocational hope and the rehabilitation counselor's clinical judgment?

RQ 12. Does disability status moderate the relationships between TAY's vocational hope and the rehabilitation counselor's clinical judgment?

Transparency of the Study

The study followed Rosenthal's (1993; 2004; Rosenthal & Berven, 1999) procedures to assess for transparency of the research questions. After the completion of all the clinical judgment measures, subjects were asked, "What research hypotheses do you suspect are being investigated?" to assess "if the actual purpose of the study was transparent to many of the subjects, their response might have been influenced and the results might be open to question"(p.59). However, only two participants (2% of the total sample) mentioned vocational aspirations as a component of a possible research hypothesis. Interestingly, both participants were in the robotic engineer condition. One posited that the study's research hypothesis was "If VR counselors are helping youth transitioning into work reach their vocational goals or having

them choose other vocational goals that the counselor thinks are more realistic. Who's making the choice on what vocational goal to pursue." Perhaps a more targeted supposition was the other subject's conclusion about the research hypothesis: "How do providers perceive vocational aspirations when presented with deficits-based or strengths-based case information?" About a third, 31 (31%), the largest percentage of subjects, felt that the study was about the differences between minimal and additional information. Twenty-four (24%) of the subjects speculated that the study's research question was about the appropriateness of specific career goals based on the presentation of Emilio's functional capabilities, environmental factors, or academic performance. It should be noted that the assessment of various capacities is the purview of all rehabilitation counselor's clinical judgment. Likewise, three subjects thought that the study could be about information or materials necessary to clinical judgment. Two subjects (2%) also thought the study was about expectations. Those subjects did not provide context to their thinking—whether it was about Emilio's or the counselor's expectations. Two subjects (2%) posited that it could be how a student's affect influences counseling. Three subjects (3%) wrote confounding comments ("CBT", "MBTI", single-subject design). Four subjects (4%) thought the hypothesis could be about counselor factors influencing clinical judgment. Five subjects (5%) did not answer the question. Six subjects (6%) thought the study could be about some type of bias; furthermore, seven subjects speculated that the study was about confirmation bias. Finally, ten (10%) subjects were unsure. Thus, it appears that the study was not transparent to most participants, and the possible impact of social desirability bias skewing the results is likely negligible,

Recall of Vocational Aspiration

Similar to the transparency of the study, the recall of vocational aspiration followed Rosenthal's (1993; 2004; Rosenthal & Berven, 1999) procedures. After time one's clinical

judgment measures, subjects were asked to recall Emilio's vocational aspiration. Thirty-six out of the thirty-seven (97.3%) participants in the high hope condition recalled Emilio's vocational aspiration correctly. One subject (2.7%) did not recall robotic engineer as Emilio's vocational aspiration. Instead, they posited that Emilio needed a positive role model. All thirty-two subjects (100%) in moderate condition correctly recalled Emilio's vocational aspiration, which was to be a motorcycle mechanic. Perhaps not surprisingly, the recall for low hope condition had more variance. However, the majority of subjects, 25 out of 31 (80.65%), correctly identified "a job" or "employment" as Emilio's vocational aspiration. The remaining six had different responses, although four of those subjects (12.9%) pondered about possible job settings for Emilio. The subjects' musing perhaps implies that they may have known he had no defined career goal and were creating hypotheses to assist Emilio with his choice. However, one subject (3.33%) posited that the vocational aspiration was a motorcycle mechanic. Additionally, one subject (3.33%) stated they did not recall Emilio's vocational aspiration. Ultimately, Emilio's vocational aspiration appeared salient enough through the interview and case materials to be correctly perceived and recalled by nearly all subjects.

Descriptive Statistics

Demographics

The demographics are summarized in the "subject" section in the previous chapter.

Please see Table 2.

Table 3*Measurement of Scale Summary*

Scale Name	Dependent variables	Number of items	Range	Mean (T1; T2)	Cronbach's Alpha (T1, T2)
Estimate of Vocational Potential-R		3	1-4	2.1; 2.14	
General Evaluation of the Client		10	1-7	4.27; 2.59	.833; .930
Confidence Measure of		3	3-15	2.89; 3.36	.737; .784
	Moderator variables				
Tolerance of Ambiguity		13	13-65	45.47	.829
Vocational Hope		12	12-60	46.74	.759

T1=time one; T2=time two

Table 4*Correlation Matrix of Study Variables (N=100)*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.Race	1													
2. US Census Region	.080	1												
3.Disability Status	.152	.001	1											
4.Caregiver of a TAY	.156	-.125	.135	1										
5. Place of Employment	-.038	.022	-.144	-.016	1									
6.Years in Rehab	.024	.108	-.156	-.099	.269**	1								
7. Vocational Potential (t1)	.166	-.109	.123	.073	-.044	.049	1							
8.Vocational Potential (t2)	-.038	-.186	.142	.066	.010	.001	.604**	1						
9.General Evaluation (t1)	.141	.154	-.002	-.202*	-.010	.132	-.240*	-.256*	1					
10. General Evaluation (t2)	.027	.066	.031	-.148	.065	.017	-.203*	-.130	.445**	1				
11. Time 1 Confidence	.128	.247*	-.136	.080	.178	.043	-.038	.020	-.106	-.153	1			
12. Time 2 Confidence	.024	.151	-.106	.085	.045	-.021	-.063	-.095	.050	-.317**	.559**	1		
13. Vocational Hope	.169	.074	.018	.000	-.162	.148	.064	-.115	-.210*	-.324**	.171	.066	1	
14. Tolerance of Ambiguity	.106	.077	.050	-.025	.008	.209*	.173	-.006	-.353**	-.200*	.020	.012	.277*	1

* . Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

Table 5*Endorsement of Potential Occupations in Estimated Vocational Revised for Time One*

	Lab Maintenance Worker	Hospital Cafeteria Attendant	Lab Stocker and Order Filler	Pharmacy Aide	Motorcycle Mechanic	Radiology Tech	Forensic Tech	Robotic Engineer
L	21	13	18	2	28	2	1	8
M	23	18	25	1	28			
H	25	10	26	2	33	8	2	9

L=low hope condition participants, M=moderate hope condition participants, H=high hope condition participants

Table 6*Endorsement of Potential Occupations in Estimated Vocational Revised for Time Two*

	Lab Maintenance Worker	Hospital Cafeteria Attendant	Lab Stocker and Order Filler	Pharmacy Aide	Motorcycle Mechanic	Radiology Tech	Forensic Tech	Robotic Engineer
L	20	13	25	11	17	2	1	4
M	22	10	24	10	26	1		3
H	23	6	16	9	32	8	3	14

L=low hope condition participants, M=moderate hope condition participants, H=high hope condition participants

Preliminary Analyses*Mahalanobis Distance Results*

To assess for multivariate outliers, the researcher used Mahalanobis distance, which can identify unusual combinations of variables. The researcher found no variables with a probability variable less than .001, which is when multivariate outliers will be present in the data.

Normality Assumption Results

To assess for normality, the researcher employed Posten's (1984) criteria, requiring skewness less than 2.0 and kurtosis less than 9.0 (Schmider et al., 2010) for each condition and time for the Estimated Vocational Potential-Revised scale and the General Evaluation of the Client scale. For time one, the Estimate of Vocational Potential-Revised low hope condition skewness was $1.169 < |2.0|$ and kurtosis $1.575 < |9.0|$, for the Estimate of Vocational Potential-Revised moderate hope condition skewness $.053 < |2.0|$ and kurtosis $-1.021 < |9.0|$ and Estimate

of Vocational Potential-Revised high hope condition skewness $.411 < |2.0|$ and kurtosis $-.515 < |9.0|$. For time two, the Estimate of Vocational Potential-Revised low hope condition skewness was $.887 < |2.0|$ and kurtosis $.584 < |9.0|$, for the Estimate of Vocational Potential-Revised moderate hope condition skewness $.830 < |2.0|$ and kurtosis $-1.831 < |9.0|$ and Estimate of Vocational Potential-Revised high hope condition skewness $.174 < |2.0|$ and kurtosis $1.83 < |9.0|$. The data was found to have a normal distribution.

For time one of the General Evaluation of the Client, skewness for the low hope condition was $-.484 < |2.0|$ and kurtosis $.704 < |9.0|$, for General Evaluation of the Client moderate hope condition skewness $-.438 < |2.0|$ and kurtosis $-.718 < |9.0|$, and General Evaluation of the Client high hope condition skewness $-.391 < |2.0|$ and kurtosis $-.316 < |9.0|$. For time two of the General Evaluation of the Client, for the low hope condition skewness was $.780 < |2.0|$ and kurtosis $.26188 < |9.0|$, for General Evaluation of the Client moderate hope condition skewness $.293 < |2.0|$ and kurtosis $-.017 < |9.0|$, and General Evaluation of the Client high hope condition skewness $-.218 < |2.0|$ and kurtosis $-.438 < |9.0|$. The data was found to have a normal distribution.

For time one of the Confidence Level of Vocational Potential skewness for the low hope condition was $-.09 < |2.0|$ and kurtosis $.397 < |9.0|$, Confidence of vocational potential evaluation moderate hope condition skewness $-.029 < |2.0|$ and kurtosis $-.276 < |9.0|$, and Confidence of vocational potential evaluation high hope condition skewness $-.045 < |2.0|$ and kurtosis $1.124 < |9.0|$. For time two of the Confidence of vocational potential evaluation, for the low hope condition skewness was $.421 < |2.0|$ and kurtosis $.821 < |9.0|$, for Confidence of vocational potential evaluation skewness $-.258 < |2.0|$ and kurtosis $-.562 < |9.0|$, and Confidence of

vocational potential evaluation skewness $-.414 < |2.0|$ and kurtosis $-.599 < |9.0|$. The data was found to have a normal distribution.

Assumptions

For the moderation analysis assumption of normality, descriptive statistics were run to assess skewness and kurtosis of the variables. The assumption of normality was satisfied, since all variables' values of skewness were smaller than 2 and kurtosis was smaller than 7 (Curran et al., 1996). The assumptions of homoscedasticity and linearity were satisfied based on analysis of the P-P plot of the regression showing that the slope of standardized residual was near 45 degrees and a standardized scatterplot appearing as a near-rectangular band (Garson, 2012). To check for multicollinearity, a multiple linear regression analysis was conducted on vocational potential at time 2 with dummy coded group variables, moderator, and the interaction terms.

Multicollinearity impacts stability of the results and may obscures the interpretation of the moderation analysis. The collinearity diagnostics were requested to check for VIF values below the threshold of 5. Disability status had no values higher than 2.8, tolerance ambiguity had no values higher than 3.25, and the vocational hope measure VIFs had no values higher than 3.64. A correlation matrix was also created to assess the strength of association between each variable. Please see Table 4 for the correlation matrix.

Results of Research Questions

Question (RQ) 1. Does the rehabilitation counselors' estimate of TAY's vocational potential differ between the two-time points?

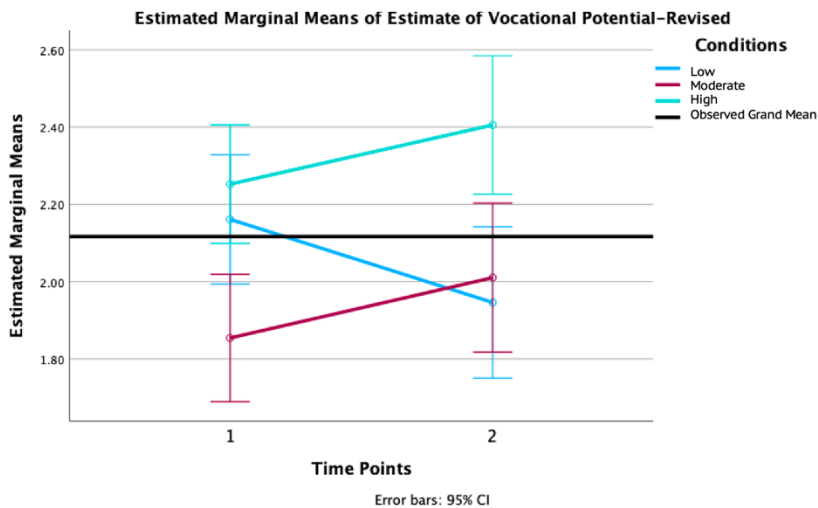
To answer question one, a repeated measures ANOVA was performed to compare the effects of time on the Estimate of Vocational Potential-Revised. The means and standard deviations for the Estimate of Vocational Potential-Revised are presented in Table Seven.

Table 7.*Descriptive Statistic for Estimate of Vocational Potential-Revised*

	<i>M</i>	<i>SD</i>
Low Vocational Hope (time one)	2.161	.084
Moderate Vocational Hope (time one)	1.854	.083
High Vocational Hope (time one)	2.252	.077
Low Vocational Hope (time two)	1.946	.099
Moderate Vocational Hope (time two)	2.010	.097
High Vocational Hope (time two)	2.405	.090

Pairwise comparison with a Least Significant Difference (equivalent to no adjustments) adjustment indicated that there were no significant differences between Estimate of Vocational Potential-Revised score at time one and time two for the moderate hope condition, ($p=.057$). However, significant differences were observed between Estimate of Vocational Potential Revised at time one and time two for the low hope condition, ($p=.011$) and the high hope condition, ($p=.045$). The low hope condition showed a significant decrease, whereas the high hope condition had a significant increase.

Figure 1



RQ 2. Does the rehabilitation counselors’ general evaluation of the TAY’s differ between two-time points?

A repeated measures ANOVA was performed to assess the effects of time on the General Evaluation of the client. The means and standard deviations for the are presented in Table 7.

Table 8

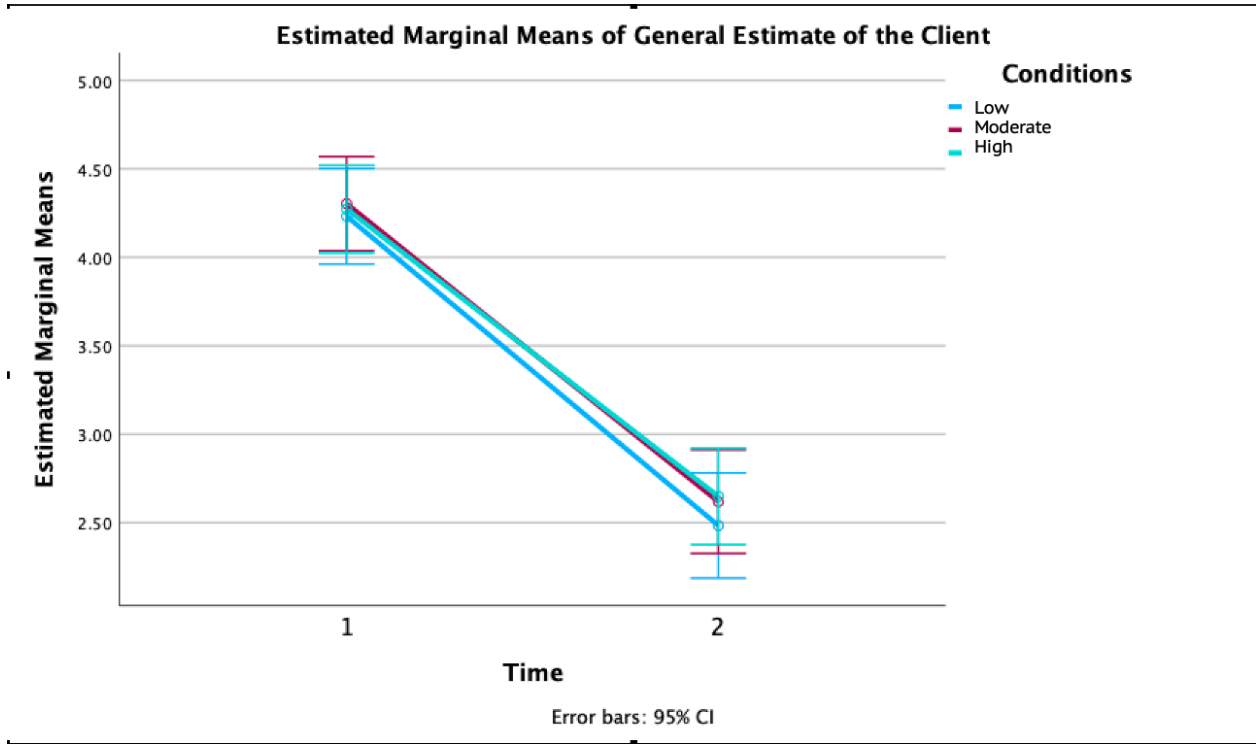
Descriptive Statistic for General Evaluation of the Client

Vocational Hope	<i>M</i>	<i>SD</i>
Low Vocational Hope (time one)	4.232	.136
Moderate Vocational Hope (time one)	4.303	.134
High Vocational Hope (time one)	4.273	.125

Low Vocational Hope (time two)	2.484	.150
Moderate Vocational Hope (time two)	2.619	.147
High Vocational Hope (time two)	2.649	.137

Pairwise comparison with a Least Significant Difference (equivalent to no adjustments) adjustment indicated that there were significant differences between General Evaluation of the Client at time one and time two for the low hope, moderate hope, and high hope conditions ($p < .001$). The General Evaluation of the Client means decreased, which means the counselor had a more positive evaluation in time two.

Figure 2



RQ 3. Does the rehabilitation counselors' estimate in their confidence differ between two points in time?

A repeated measures ANOVA was performed to compare the effects of time on the Confidence in the Estimate of Vocational Potential. The means and standard deviations for the Confidence in the Estimate of Vocational Potential are presented in Table 9.

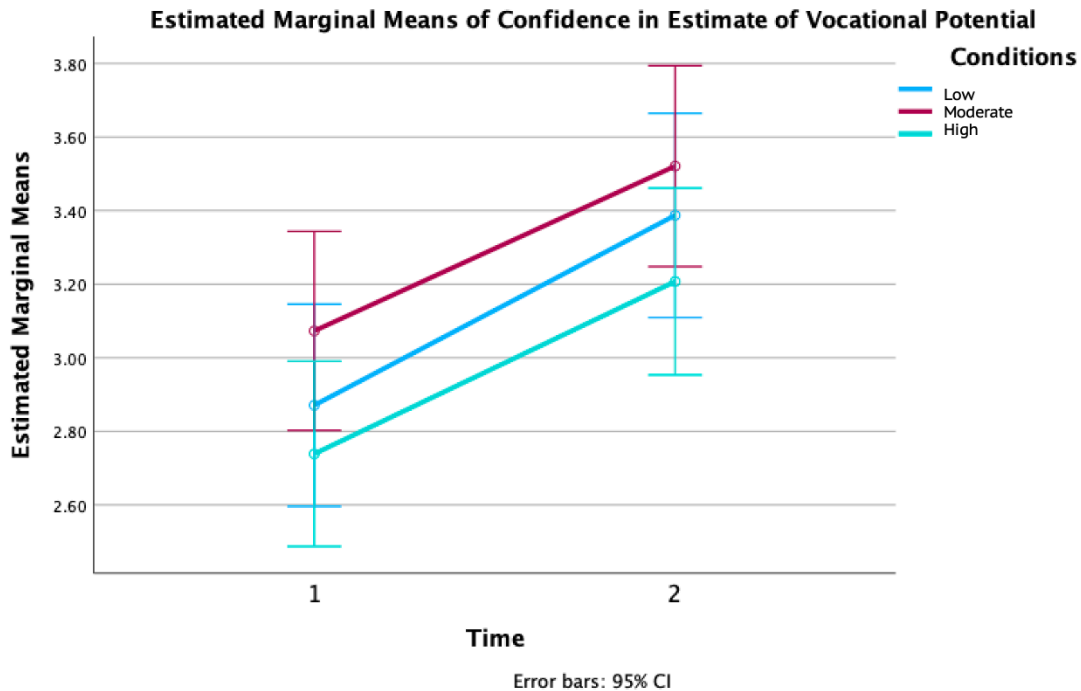
Table 9

Descriptive Statistic for Confidence in the Estimation of the Vocational Potential

	<i>M</i>	<i>SD</i>
Low Vocational Hope (time one)	2.871	.138
Moderate Vocational Hope (time one)	3.073	.136
High Vocational Hope (time one)	2.739	.125
Low Vocational Hope (time two)	3.387	.127
Moderate Vocational Hope (time two)	3.521	.138
High Vocational Hope (time two)	3.207	.128

Pairwise comparison with a Least Significant Difference (equivalent to no adjustments) adjustment indicated that there were significant differences between Confidence of Estimated Vocational Potential at time one and at time two for the low hope, moderate hope, and high hope conditions ($p < .001$). Confidence of Estimated Vocational Potential significantly increased in low, moderate, and high hope conditions.

Figure 3



RQ 4. Do the estimates of TAY's vocational potential differ between two time points as a function of TAY's vocational hope?

A repeated measures ANOVA was performed to assess the effects of vocational hope on the Estimate of Vocational Potential-Revised. The means and standard deviations for the Estimate of Vocational Potential-Revised are presented in Table 7. The effect of vocational hope on the Estimate of Vocational Potential-Revised was significant at the .05 level, $F(2, 97)=6.924$, ($p=.002$), partial $\eta^2 .125$.

Post Hoc multiple comparison with Tamhane's adjustment indicated that there were no significant mean differences between the low hope condition and moderate condition ($p=.562$) and the low hope and high hope condition ($p=.0780$). However, there was a significant mean

difference between the moderate hope condition and high hope condition ($p=.001$), with high hope condition showing a significant higher mean compared to the moderate hope condition.

RQ 5. Does the rehabilitation counselor's general evaluation of the TAY's differ between two time points as a function of TAY's vocational hope?

A repeated measures ANOVA was performed to assess the effects of vocational hope on the General Evaluation of the Client. The means and standard deviations for the General Evaluation of the Client are presented in Table 8.

The effect of vocational hope on the General Evaluation of the Client was not significant at the .05 level, $F(2, 97)=.184$, $p=.833$, partial $n^2=.004$.

Post Hoc multiple comparison with a Tamhane's adjustment indicated that there were no mean significant differences between the low hope condition and moderate condition, ($p=.918$) and the low hope and high hope condition, $p=.894$, nor between high hope condition and moderate condition, ($p=1.0$).

RQ 6. Does the rehabilitation counselors' estimate in their confidence differ between two point as a function of TAY's vocational hope?

A repeated measures ANOVA was performed to compare the effects of vocational hope on the Confidence in the Estimate of Vocational Potential. The means and standard deviations for the Confidence in the Estimate of Vocational Potential are presented in Table 9.

The effect of vocational hope on the Confidence of Estimated Vocational Potential Revised was not significant at the .05 level, $F(2, 97)=.071$, ($p=.932$), partial $n^2=.001$

RQ 7. Is there a significant difference in rehabilitation counselor's estimates of TAY's vocational potential among three different levels of hope at time one and time two?

A one-way ANOVA was performed to evaluate the relationship between vocational hope and Estimation of Vocational Potential at time one. The means and standard deviations are presented in Table 10 below.

Table 10

Descriptive Statistic for Estimate of Vocational Potential (time one)

	<i>M</i>	<i>SD</i>
Low hope condition (time one)	2.1613	.52261
Moderate hope condition (time one)	1.8542	.26690
High hope condition (time one)	2.2523	.55224

The ANOVA was significant at the .05 level, $F(2,97) = 6.594$, ($p = .002$)

A post hoc Tamhane indicated that the mean Estimate of Vocational Potential at time one for low hope condition was significantly higher than that of the moderate hope condition ($p = .016$). The high hope condition was significantly higher than that of the moderate hope condition ($p = < .001$). However, there were no significant differences between the mean Estimate of Vocational Potential of the low hope condition and high hope condition ($p = .866$).

A one-way ANOVA was performed to evaluate the relationship at time two between vocational hope and Estimation of Vocational Potential Revised time two. The means and standard deviations are presented in Table 11 below.

Table 11

Descriptive Statistic for Estimate of Vocational Potential-Revised (time two)

	<i>M</i>	<i>SD</i>
Low hope condition (time two)	1.9462	.50988
Moderate hope condition (time two)	2.0104	.46747
High hope condition (time two)	2.4054	.63894

The ANOVA was significant at the .05 level, $F(2,97) = 7.136$, ($p = .001$)

Post hoc comparison using Tamhane test indicated that the mean Estimate of Vocational Hope of the low hope condition at time two was significantly lower than that of the high hope condition ($p = .005$). The high hope condition was significantly higher than that of the moderate hope condition ($p = .013$). However, there were no significant differences between the mean Estimate of Vocational Potential of the low hope condition and moderate hope condition ($p = .938$).

RQ 8. Is there significant difference in rehabilitation counselors' estimates of TAY's general evaluation among three conditions at time one and time two?

A one-way ANOVA was performed to evaluate the relationship between vocational hope and General Evaluation at time one. The means and standard deviations are presented in Table 12 below.

Table 12*Descriptive Statistic for General Evaluation of the Client (time one)*

	<i>M</i>	<i>SD</i>
Low hope condition	4.23	.77605
Moderate hope condition	4.30	.75241
High hope condition	4.27	.74820

The ANOVA was not significant at the .05 level, $F(2,97) = .069$, ($p = .933$)

A one-way ANOVA was performed to evaluate the relationship between vocational hope and General Evaluation at time two. The means and standard deviations are presented in Table 13 below.

Table 13*Descriptive Statistic for General Evaluation of the Client (time two)*

	<i>M</i>	<i>SD</i>
Low hope condition	2.48	.847
Moderate hope condition	2.62	.936
High hope condition	2.65	.731

The ANOVA was not significant at the .05 level, $F(2,97) = .361$, ($p = .698$)

RQ 9. Is there significant difference in rehabilitation counselors' estimate in their confidence among three levels of hope at time one and time two?

A one-way ANOVA was performed to evaluate the relationship between TAY's vocational hope and Confidence of Estimated Vocation Potential-Revised. The means and standard deviations are presented in Table 14 below.

Table 14

Descriptive Statistic for Confidence of Estimated Vocation Potential-Revised (time one)

	<i>M</i>	<i>SD</i>
Low hope condition	2.871	.138
Moderate hope condition	3.073	.136
High hope condition	2.739	.125

The ANOVA was not significant at the .05 level, $F(2,97) = 1.621$, ($p = .203$)

A one-way ANOVA was performed to evaluate the relationship between the TAY's vocational hope and Confidence in Estimated Vocation Potential-Revised in time two. The means and standard deviations are presented in Table 15 below.

Table 15

Descriptive Statistic for Confidence of Estimated Vocation Potential-Revised (time two)

	<i>M</i>	<i>SD</i>
Low hope condition	3.387	.127
Moderate hope condition	3.521	.138
High hope condition	3.207	.128

The ANOVA was not significant at the .05 level, $F(2,97) = 1.414$, ($p = .248$)

RQ 10. Does the rehabilitation counselor's tolerance of ambiguity moderate the relationships between TAY's vocational hope and the counselor's clinical judgment?

To address research question 10, a moderation analysis was conducted to assess whether tolerance of ambiguity moderates the relationship between the TAY's vocational hope level and the counselor's estimate of vocational potential. The overall model using tolerance of ambiguity as the moderator was statistically significant $F(5, 94)=3.0142, p=.0144, R^2=.138$. However, there was no significant interactions observed for low (hope $b = -.075, t(94) = .2642, p=.7922$), high hope ($b=.0167, t(94) = .5862, p=.5591$), or moderate hope ($b=.089, t(94) = .3154, p=.753$). However, there was a significant main effect for moderate hope, ($p=.012$). This suggests that while tolerance of ambiguity did not moderate the relationship between vocational hope and vocational potential differently across hope levels, moderate levels of vocational hope independently influenced vocational potential according to the counselors' estimates.

RQ 11. Does the rehabilitation counselor's vocational hope moderate the relationships between TAY's vocational aspiration as a proxy for vocational hope and the rehabilitation counselor's clinical judgment?

For research question 11, a moderation analysis was conducted to assess whether counselor's vocational hope level moderates the relationship between the influence of the TAY's vocational hope level and the counselor's estimate of vocational potential. Similar to the tolerance of ambiguity model, the model using vocational hope as a possible moderator was statistically significant $F(5,94)=3.4202, (p=.007), R^2=.154$; however, there was no significant interactions for moderate hope $b = -.01056, t(94) = -.362, (p=.7182)$; or for high hope $b = -.1395, t(94) = -.513, p=.609$; or for low hope $b = -.245, t(94) = -.8842, (p=.3789)$. However, for high hope,

there was a significant main effect, ($p=.0210$) and a significant main effect for moderate hope, ($p=.0032$). This suggests that while the counselor's own vocational hope did not moderate the relationship between the TAY's vocational hope and vocational potential differently across hope levels, high and moderate levels of TAY's vocational hope independently influenced vocational potential according to the counselors' estimates.

RQ 12. Does disability status moderate the relationships between TAY's vocational hope and the rehabilitation counselor's clinical judgment?

A moderation analysis was conducted to assess whether disability status moderates the relationship between the influence of the TAY's vocational hope level and the counselor's estimate of vocational potential. Likewise, the model using disability status as a possible moderator was statistically significant $F(5, 94)=3.0902$, $p=.0126$, $R^2=.1412$; however, there was no significant interactions for moderate hope $b=-.2623$, $t(94)=-.9523$, $p=.3434$, nor for high hope $b=-.1528$, $t(94)=-.5353$, $p=.5937$, nor for low hope $b=-.1095$, $t(94)=-.3968$, ($p=.6924$). However, for low hope there was a significant main effect, ($p=.0233$) and there was also a significant main effect for moderate hope, ($p=.0044$). This suggests that while disability status did not moderate the relationship between the TAY's vocational hope and vocational potential differently across hope levels, low and moderate levels of TAY's vocational hope independently influenced vocational potential according to the counselors' estimates.

Chapter Five

Discussion

“Hope is like peace. It is not a gift from God. It is a gift only we can give one another.”

—Elie Wiesel

Dembo (1964), in “Sensitivity of one person to another,” provided a framework to understand rehabilitation professionals’ orientation towards the dictum of probabilities—the statistical prognostication—and the dictum of possibilities—the consumer’s hope for a better future—in their clinical judgment. The current study investigated rehabilitation counselors who currently work with TAY and the influence of vocational hope on their clinical judgment. Through Dembo’s lens of probabilities and possibilities, this chapter presents a summary of significant findings, a discussion about the findings—especially regarding the Estimate of Vocational Potential -Revised results, limitations that affect the interpretation of these findings, and implications for clinical practice, education and training, and future research will be discussed.

Summary of Findings

Demographic and Rehabilitation Counselor Specific Information

The study sample reflected the United States rehabilitation counselor workforce in several regards and differed in other aspects. According to DataUSA (n.d), which obtained data from the U.S. Census, in 2022, the average age of rehabilitation counselors in the United States was 44.1 years. Because the current study obtained age ranges rather than years, an exact comparison is not possible; however, all of the conditions had the majority of participants in the 35-44 age range, with the second largest age range being the 45-54 age range.

Regarding gender identity, the study showed a similar trend to that of the general rehabilitation counselor workforce, with more females than males. In 2022, 69.3% of the rehabilitation counselor's workforce was women, and 30.7% were men, for a ratio of 2.26 women to one male (DataUSA, n.d). However, the current sample differed in female to male proportion: for the low hope condition, the ratio was 4.15 women to one male; for the moderate hope condition, it was seven females to 1 male; and for the high hope condition, it was 6.21 females to one male. The more significant proportion of females to males in the sample is unsurprising since previous research has shown that women participate in surveys more often than men (Kwak & Radler, 2002; Sax et al., 2003).

For racial and ethnic identities, the current study is also consistent with the rehabilitation counselor workforce, with the significant proportion of rehabilitation counselors identifying as White with 65.1% of the U.S. rehabilitation counselor workforce, and then African American/Black with 20% of the U.S. workforce, and with 3.1% Asian (DataUSA, n.d). However, there is a disproportional number of Whites to African Americans in the current study when compared to the national average of 3.25 whites to every one African American in the rehabilitation counselor workforce. In the low hope condition, there are 12.4 whites to every one African American; in the moderate hope, there are 8.67 Whites to every one African American; and in the high hope condition, there are 10.33 White RCs to every one African American.

Although the current study population reflected the population of the four regions of the U.S. census, it does not represent all the U.S. States or territories and their proportions of the RC workforce. Thirty-eight states were represented in the total sample. In 2023, the state workforce with the most significant numbers of RCs were California and Massachusetts (BLS, 2024). The low hope condition had four California participants, representing the largest group in that

condition. In the moderate condition, Ohioans represented the most, with 5 participants at 15.6%, whereas in the U.S. workforce, Ohio was ranked fourth. Massachusettsians represented the most in the high hope condition, with four participants representing 10.8% of the condition's sample. When we look at the third largest state workforce of RCs in the US, Washington, the current sample has disproportionality fewer Washingtonians. The low hope condition had no Washingtonians, whereas the moderate and high hope condition had one each, representing 3.1% and 2.7%, respectively. As noted, Ohioans are the fourth largest population in the RC workforce by state; they are represented by two subjects in each the low and high hope conditions. Michigan has the fifth-largest state population of RCs. In the current study, one participant represented Michiganians in each condition by one participant, respectively 3.2%, 3.1%, and 2.7% of their conditions.

The current typical educational attainment to become a rehabilitation counselor is a master's degree (U.S. Bureau of Labor and Statistics, 2024); although, since WIOA 2014, only a bachelor's degree is required by Federal law. Similar to the U.S. workforce, most of the current study population have obtained a Master's.

Regarding the place of employment, the current study reflects a similar employment trend to that of the United States workforce of rehabilitation counselors, with the majority of participants working in state vocational rehabilitation; however, the proportions of subjects in each employment are disproportionate. In each of the conditions, more than half the subjects work in state vocational rehabilitation. The low hope condition had 20 participants at 64.5%, the moderate condition had 18 participants at 56.3%, and the high hope condition had 22 participants at 59.5%. According to DataUSA (n.d), in 2022, state vocational rehabilitation employed 21.6% of RCs in the U.S. The current study participants also reflect employment of the top 12 industries

in the United States that employ RCs. In descending order, those industries are outpatient care centers, human resources programs, individual and family services, residential care facilities except skilled nursing facilities, general medical and surgical hospitals, specialty hospitals, nursing care, colleges and universities, offices of healthcare practitioners, other health care services, psychiatric and substance abuse hospitals or clinics (Data USA, n.d). All of these industries were represented in the current sample.

One-Way ANOVAs with Repeated Measures Analyses

Consistent with Dembo's understanding of probabilities and possibilities in clinical judgment, the Estimate of Vocational Potential-Revised mean scores represented the dictum of probabilities and not the consumer's vocational hope, the realm of possibilities. Additionally, there were significant differences between conditions. At time one, low and high hope conditions had no significant differences in their means, but the moderate hope condition's mean was significantly less than the others; whereas, at time two, the low and moderate hope groups had no significant differences in their means, but the high hope mean was significantly higher. The repeated measure analysis showed that moderate hope estimates statistically stayed the same, whereas low hope estimates significantly decreased, and high hope significantly increased.

From time one to time two, Confidence in Estimated Vocational Potential Revised Evaluation means were not significantly different from each other at either time point due to Emilio's vocational aspiration; however, the means, respectively, significantly increased in time two. The significant increase shows that the counselors had a stronger sense of confidence in their estimates of Emilio's potential in all three conditions at time two.

The General Evaluations of the Client were also not significantly different from each other at either time points due to Emilio's vocational aspiration; however, the means respectively

significantly decreased in time two. The decrease in mean reflects a more positive affective view of Emilio in time two.

Moderation Analyses

The moderation analyses showed no significant interactions. The hypothesized moderation was, respectively, between the counselor's vocational hope or tolerance of ambiguity, or disability status as the moderator variable, and the predictor variables of Emilio's vocational aspirations and the outcome variable, the Estimate of Vocational Potential Revised at time two. However, significant main effects were found for each hypothesized moderator variables. The are three possible reasons for the significant main effects:

1. It may imply that the sample was too small to detect moderation.
2. Vocational hope, tolerance of ambiguity, and/or disability status do not have moderator effects on the population.
3. That the hypothesized moderators are possible mediators.

Thus, understanding the relationship between the counselors' tolerance of ambiguity, the counselors' vocational hope and positionality is inconclusive.

Discussion

The Realm of Probabilities versus the Realm of Possibilities

As noted in the summary, the findings support Dembo's conceptual understanding of the influence of the dictum of probabilities in rehabilitation professional clinical judgment. Dembo (1964) noted that the professional, as an objective observer, is not swayed by the insiders' feelings or desires, and they are free to deal with more general aspects of the situation. As such, RCs do not truly take the true individuality of the client into consideration. The professional, because of their distance as an outsider, can think in "abstract terms," which embraces

probabilities and not possibilities. The results for the Estimated Vocational Potential-Revised imply that the counselor's clinical judgment is orientated towards probabilities, not possibilities. Although there is some variance in the means between the low, moderate, and high hope conditions, with high hope having a significant difference between it and low hope, they all have means for the Estimate of Vocational Potential Revised that are at or below 2.405 (see table 7); and the grand mean for Estimate of Vocational Potential Revised for the total sample is a 2.11. The counselor's results firmly put Emilio's future vocational potential in Zone Two of ONET's job zones and not Zone Three or Zone Four, which are reflective of Emilio's delineated vocational aspiration for two of the three conditions. All the conditions, in various ways, endorsed the low hope condition of just "a job" as the estimate of Emilio's highest vocational potential.

The National Center for O*Net Development (2024) defines Zone Two as "some preparation needed" (para. 3). O*Net further delineates that some preparation means that one may or may not need a high school diploma, have little or no previous work experience, require minimal training (anywhere from a day to a few months), and that work activities consist of following instructions and helping others. The means suggest that counselors predict that Emilio will not obtain a career that requires further training or education than he already has. They are predicting that Emilio will find a low-skilled job and that his future is his present. There is little hope for a better tomorrow. When we look at the probabilities—the statistical evidence of TAY's "successful" transition to competitive integrated employment—we can begin to provide context for the divide between Emilio's aspiration and the results of the Estimate of Vocational Potential-Revised.

As noted in Chapter Two, the United States Bureau of Labor Statistics (2023) found that among people with disabilities:

- 78.7% were unemployed,
- 30% were employed were employed part-time,
- They were less likely to obtain a college degree, and
- They were less likely to work in “management, professional, and related occupations” and were more likely than people without disabilities to work in service, production, transportation, and office work in 2022 (p.2).

Furthermore, as noted in Chapter Two, when compared to labor statistics from close to 40 years ago, employment for people with disabilities has not changed. It was and has been dire. The counselors’ clinical judgments echo the employment statistics for individuals with disabilities. Furthermore, the estimation of low-skill employment parallels Hayes’s (2009) analysis of U.S. Census occupation and demographic data along with data about O*NET occupational characteristics. He found that individuals with disabilities are “overrepresented in entry-level, unskilled, highly physical, and more dangerous occupations, all of which offer lower wages and greater risk of job loss or layoff (p.121). The employment probabilities for Emilio, who reflects a typical TAY who receives special education services are dismal.

Yet, as Dembo (1964) pointed out, consumers come to rehabilitation professionals looking for a better future. It is not the statistical probabilities that the consumer wants or even believes in. Dembo deduced that the parents, or as this researcher would say, a TAY consumer, believe “more thought, attention, and care” is needed and that hopes are justified because strength and growth exist (p. 252). Emilio, a typical teen, has the hallmarks of transition success. From special education research, as cited in Chapter Two, we know that work-based learning,

engagement in the IEP process (Wehman et al., 2015), social skills, household chores, and family engagement (Carter et al., 2012), to name a few, are all predictors of transition success. In the case materials in time two, Emilio is portrayed as having all of these predictors of success.

Furthermore, emerging evidence implies that Emilio's choice of an applied STEM career path in moderate and high-hope conditions may increase the likelihood of transition success. Plasman and Gottfried (2018) found that high school students with learning disabilities (LD) who took applied STEM coursework significantly increased education attainment via increasing math scores, postsecondary education enrollment, and a lower chance of dropping out. They posited that the reinforcement of math and science skills, the relevance and engagement of learning the skills, new skills formation, and the hands-on elements of applied science made engagement in STEM classes so beneficial for the students with LDs. Granted, there is limited evidence of the generalizability of their findings to postsecondary training or even into the STEM workforce. However, the findings support the concept of growth, of forward motion, which is at the heart of a better tomorrow and a rehabilitation plan. Dembo surmises that it's the possibility of change, and this researcher would go as far as to summarize and say the validation of hope is the consumer desires from a rehabilitation professional.

Why are Rehabilitation Counselors Seemingly Not Orientated Toward the Dictum of Possibilities?

Ultimately, the differing positions and vantage points on the situation provide conflicting understandings of the purpose of the rehabilitation professional in the individual's life and, thus, the future. Dembo posited that professionals see their role as providing "an objective, realistic evaluation of the situation, as a determination of the facts, that is, a determination of the severity of the handicap and the most probable outcome of the future"(p.252). She further noted

professionals tend to ignore evidence about the possibility of success as either insignificant or a fantasy. We can find evidence in the current study to support her supposition that counselors ignore evidence of success. For time two, the means for Estimate of Vocational Potential - Revised did not significantly change in the moderate hope condition; in the low hope condition, they even went down. It seems that the RCs discounted the presented predictors of Emilio's success and strength in the case materials. Granted, the means did significantly increase in the high hope condition, but the average mean still placed Emilio's highest vocation potential in Zone Two. Furthermore, the RCs' confidence in their estimates significantly increased in time two for all conditions. RCs felt more settled in their secondary assessment.

Potential Answer: Confirmatory Bias

As Dembo pointed out, rehabilitation professionals may not take into consideration evidence for the belief in the dictum of possibilities. This lack of receptivity to the predictors of success, which is evidenced in the Estimate of Vocational Potential-Revised means and the significant increase in confidence, suggests confirmatory bias, a known bias in RCs' clinical judgment (Rosenthal, 1993; Rosenthal, 2004; Rosenthal & Berven, 1999; Rosenthal & Kosciulek, 1996; Wright-McDougal & Toriello, 2013). As noted in Chapter Two, confirmatory bias is the "tendency to seek, interpret and use evidence in a manner biased toward confirming [...] existing beliefs or hypotheses" (Charness & Dave, 2017, p.1). Confirmatory bias does not allow new contradictory information to be processed, and thus, opinions are not changed. Larivee and colleagues (2018) noted that it is an "entirely natural tendency," especially for therapists who have a strong "sense of knowing," which one may assume is gut instinct. Furthermore, Miller and colleagues (2015), in their metaanalysis of overconfidence bias, quoted Nickerson (1998), who wrote: "Perhaps the confirmation bias should be thought of as the

tendency to seek evidence that increases one's confidence in a hypothesis whether it should or not" (p. 186). Ultimately, Miller and colleagues (2015) deduced that overconfidence seriously threatens training, supervision, and practice. The results from the confidence measure and the vocational potential can thus be interpreted as evidence for confirmatory bias.

Potential Answer: The Very Real Realities of the Now

Granted, it is possible to suggest that the results align with Bekken and colleagues' study (2021). They deduced that there are ethical dilemmas that their rehabilitation professionals took into consideration while making their clinical judgment. Bekken and colleagues' participant saw their TAYs' vocational hope as unrealistic due to service professionals' lack of time to provide person-centered care, the length of services needed for a youth's aspiration versus the funding available, and the likelihood of finding a job that accommodates a youth's needed schedule. Evidence of this assumption is beyond the scope of this dissertation, but the results of Bekken and colleagues' rehabilitation professional clinical judgment do echo here: the future of the consumer is sacrificed by the "realities" and probabilities of the now. Counselors are not assuming, like Dembo posited, that individuals with disabilities and families assume that the individual consumer deserves the attention, care, and support that enables them to succeed when others don't have that ability or support. Furthermore, Bekken's and colleagues' answers do not preclude confirmatory bias from existing in their sample.

However, there is an interpretation of the current study that may or may not be tied to confirmatory bias. First, we can look at the significant decrease in the General Evaluation of the Client; counselors are capable of changing their minds. In time two, Emilio was raised in RC's esteem; the counselors could change their feelings towards him. They had more positive feelings about Emilio. Granted, the General Evaluation of the Client is a measure of affect towards the

client; it is not a clinical judgment assessment of the potential for success. However, even if we discount the change in esteem, evidence suggests that RCs overlooked Emilio's career development stage and have little interagency knowledge.

Potential Answer: Lack of Competence and Knowledge of RCs on WBLEs

The decrease in the low hope condition could, in part, be explained by Emilio's work-based learning experience at CVS. When we look at the raw data of the Estimate of Vocational Potential-Revised time one, only two participants in the low hope condition endorsed Pharmacy Aide as a possibility for Emilio's vocation; but in time two Pharmacy Aide was endorsed as a possible choice by 11 participants. Likewise, the endorsement of a Robotic Engineer in time one was higher in time than in time two. There were eight people who felt Emilio had the possibility of being a robotic engineer in time one, but there were only four participants in time two. The raw data implies that RCs could have changed their minds due to the influence of the established rehabilitation counseling paradigm that one can predict successful future employment by looking at past employment (U.S. Department of Labor, n.d.); or, even that the RCs took a cue from their clinical judgment from the transition teacher who placed Emilio in CVS. If this is the case, their judgment is concerning because it implies that RCs did not consider Emilio's career developmental stage and that they do not know the realities, one could also say probabilities, of work-based learning experiences (WBLE).

Granted, the hallmarks of high-quality WBLEs begin with person-centered planning. Person-centered planning allows transition specialists and special educators to target employment sites for the student that complement a student's strengths, interests, and abilities (Datson et al., 2012; Nord et al., 2013; Rooney-Kron et al., 2021; Whittenburg et al., 2023; Wehman et al., 2024). However, as Reisen and Oertle (2019) and Rooney-Korn and colleagues

(2021) noted, the implementation of the person-centered plan for WBLEs has been found to be daunting due to systematic barriers that include transition specialist underdeveloped knowledge of job development networking strategies, inadequate resources, lack of opportunities, and inadequate time and support for WBLE compared to academics.

Furthermore, Rooney-Korn and colleagues found that there were transition specialists and special educators who did not know how to organize a WBLE, thus reinforcing the conclusion that WBLEs are limited and that they may not be high-quality or targeted based on students' future career goals. Instead, WBLEs, as summarized by Rooney-Korn and colleagues, is about learning "about work, developing work skills, and connecting their school experience to real work" (p 229). Work-based learning experiences are not necessarily about establishing experience in one's career. Instead, as Rooney-Korn et al. concluded, "[b]y participating in WBLEs, students can demonstrate that they are capable of working and may challenge the low expectations people have for them"(p.337). Emilio's WBLE may not have challenged expectations but instead reinforced RC's low career expectations, which underscores Dembo's conclusion that rehabilitation professionals may dismiss evidence contradictory to the realm of probabilities and their clinical judgment. It is troubling if the RCs lowered their opinions about Emilio's vocational potential due to WBLE, a predictor of success.

Potential Answer: Lack of Interagency Collaboration and Knowledge to Provide Effective Services

Whether or not the lack of awareness about the reality of WBLE experience is evidence for or against confirmatory bias, it does substantiate existing research that there are well-established deficits in interagency collaboration and communication between rehabilitation counselors and special educators (Wehman et al., 2024) which is ultimately a threat to successful

transition. After all, Pacheco (2022) has shown that effective interagency collaboration predicts TAY's success. It is a well-established belief, so much so that Kohlberg and colleagues' (2016) Transition Taxonomy defines interagency collaboration as one of the pillars of transition practices that predict a successful transition for TAY to college and careers. Furthermore, in their discussion about the State of competitive integrated employment and pre-employment transition services, Wehman and colleagues (2024) concluded that the barriers and lack of relationship between vocational rehabilitation and the school system:

Can be felt across referrals, access to services, communication, and dissemination of information. Furthermore, identifying student needs, establishing a sequence of services to enhance skills and college and career readiness, and the coordination of activities both mandated by the Individuals with Disabilities Education Act (IDEA) and WIOA are impacted by a lack of collaboration (p.267).

Ultimately, the extant research and the current study imply that RCs, due to systematic issues, do not understand the probabilities—both its successes and weaknesses— of work-based learning, which seems consistent with the dissertation's findings.

Potential Answer: The Failure to Account for Emilio's Career Developmental State

Beyond the possible lack of awareness of the reality of work-based learning experiences, the Estimated Vocational Potential-Revised slopes, as suggested earlier in this chapter, may also reflect another troubling possibility or probability. RCs may not have paid attention to Emilio's career developmental stage. As a transition-age youth, we can assess Emilio as being in Super's (1964) exploration phase of career development. Super defines the exploration phase as one where individuals ages 15-24 "try things out;" they explore and seek out experiences to help them decide the qualities they're looking for and begin to develop skills. This stage is also

echoed in a more contemporary career development theory, Beveridge and colleagues' (2002) INCOME framework that does not see career development as predictable or unidirectional, which is a criticism of Super's theory but in statuses. In the INCOME framework, career development starts with imagining a career. Beveridge and colleagues' model also acknowledges the influence of pre-career-onset disabilities on career development, which they noted can slow vocational aspiration, career decision efficacy, vocational maturity, and perceived career options.

Additionally, we cannot rule out that TAYs with disabilities and their families view employment like TAYs without disabilities; therefore, employment in the teen years is viewed by teens with and without disabilities and their parents as developing “beneficial attributes, such as the capacity to take responsibility, develop time-management skills, overcome shyness with adults, and handle money” (Mortimer, 2010, p.8). Whether it be Super's or the INCOME theory of career development or the belief of what teens' jobs mean to TAY without disabilities, it is troubling to think the results of the current study imply that RCs did not take into consideration Emilio's developmental status and instead used a rehabilitation counseling paradigm that was developed for adults with newly acquired disabilities. However, one frames it: Emilio's career development is nascent; it is just beginning, and anything is possible—if not probable. His WBLE should not be used to predict his future career but should be seen as a predictor of his career.

“The Future is an Infinite Succession of Presents” : A Justification for Hope

The opening sections of Chapter Two and the discussion section of this chapter highlighted the uncertain future for TAY that the Office of Special Education and Rehabilitation Services (OSER) noted when they established transition as a national priority. Will (1984) wrote: "Youth with disabilities face an uncertain future when they leave the nation's public

schools”(p.1). As this researcher noted, the uncertain future that OSER acknowledged does not come from high expectations, hope, and possibilities but the probabilities of poor employment outcomes. Along with the high unemployment rate of 50% to 80% for people with disabilities, Will pointed out that even individuals with disabilities who obtain employment through vocational services "often experience low wages, slow movement toward employment, and segregation from their non-disabled peers (p1).” The uncertainties Will evoked at the beginning of the OSER document are about what the past and, sadly, what current probabilities and the clinical judgment of RCs, who work with TAY, predict too. But there is hope. Transition-age youth with disabilities do have predictors of success, and this researcher argues that it is time to acknowledge the dictum of possibilities. As Zinn (2014) wrote:

To be hopeful in bad times is not just foolishly romantic. It is based on the fact that human history is a history not only of cruelty, but also of compassion, sacrifice, courage, kindness.

What we choose to emphasize in this complex history will determine our lives. If we see only the worst, it destroys our capacity to do something. If we remember those times and places—and there are so many—where people have behaved magnificently, this gives us the energy to act, and at least the possibility of sending this spinning top of a world in a different direction.

And if we do act, in however small a way, we don’t have to wait for some grand utopian future. The future is an infinite succession of presents, and to live now as we think human beings should live, in defiance of all that is bad around us, is itself a marvelous victory.

Rehabilitation counselors are people who are drawn to the profession, as Nerlich and colleagues (2024) concluded, “to make a positive impact in the lives of people with disabilities” (para.34). The findings from the current study with existing research, ultimately asks, RCs to believe in the power of possibilities, and thus the power of hope to positively impact the lives of people with disabilities. As Ruddrick (1999) noted (as cited in Chapter Two of this dissertation) and Dembo (1964) would agree, hope provides one “the ability to continue, so far as circumstances allow, the life one embraces (or if that is impossible, the capacity to make another life...)”(p. 347-48). The life made via the realm of possibilities is an active, autonomous one; an individual’s singular humanity is acknowledged and valued. This researcher would also argue that attending to the vocational hope of individuals with disabilities would allow for possible outliers to gather in numbers, to be no longer outliers, to change the statistical probabilities, and thus change the future for TAY with disabilities.

Limitations of the Study

As with any study, the current research findings have limitations. As Dembo (1964) implied, rehabilitation professional must acknowledge the boundaries of their knowledge, so individuals can make informed decisions. Therefore, a discussion of the study’s limitation is needed prior to discussing the implications for practice, education, and research.

One limitation can be found in the sampling process. The study was a web-based survey that utilized four different platforms (e.g., a list of randomly sampled CRCC participants, listservs, discussion boards, and social media) to recruit and obtain eligible participants. The use of multiple platforms does not allow for prohibiting potential participants from multiple access to the study, which, if occurred, may impact the interpretation of the findings.

Another limitation of the study was the lack of a control group. Although the independent variable was the only thing manipulated in the study, there is no way to assess if the results were also influenced by the depiction of other demographic variables. Since there was no ability to create a benchmark to compare the results to, the generalizability of the study to other races, genders, disability types, and ages of a consumers should be used with caution. Further research needs to be done.

The study also used self-reported measures; thus, social desirability could have influenced the results. Due to social desirability, self-reported measures, compared to objective measures, have been found to more vulnerable to error and bias (Livneh & Antonak, 1994). However, the researcher has employed a transparency check and thus feels that this risk to the study is slight.

Additionally, the analogue methodology has its limitations. Although an established and advocated methodology in rehabilitation counseling to study bias in clinical judgment (Berven,1987; Lopez, 1989; Rosenthal, 1993; 2004, Rosenthal & Berven, 1999), there are fears of reduced generalizability due to the high internal validity and possible low external validity. Case materials must be realistic as possible for the analogue methodology to be effective; as delineated in Chapter Three, the researcher took particular care and attention to create realistic materials. Her ten-person expert panel found the materials to be realistic and convincing; some even questioned if the materials were from an actual case. Furthermore, Emmelkamp and colleagues (1984), Strohmer and Newman (1983), and Strohmer and Chiodo (1984) have all compared analogue studies to in vivo treatment studies, and their comparisons found no differences in counselor's judgment between actual counselor participants versus written case materials. However, the analogue method cannot replicate the rich contextual environment of a

counseling session. As such, a complimentary archival study investigating TAY vocational aspiration at the time of enrollment in vocational rehabilitation and employment obtainment is needed. Fifthly, the uneven group samples and not meeting the sample requirement may also be a study limitation. As noted in the discussion of the moderation analysis, it is possible that the study did not have enough participants to find moderation. Although significance was found in the one-way ANOVA analyses for Estimated Vocational Potential Revised, the same could not be said for the General Evaluation of the Client and the confidence measures. Thus, the result for the General Evaluation of the Client and the confidence measures should be interpreted with caution because they did not meet their power estimates to find a medium effect. Without adequate power, results may not accurately reflect the true effect size of the consumer's vocational hope in these measures.

Since realistic case materials were provided via image capture or PDF, there may also have been limitations in the participant pool due to accessibility. All the case materials images followed accessibility best practices by providing alternative text for the images and passed the Qualtrics accessibility check; however, the researcher did hear from one participant with a visual impairment that her screen reader, ZoomText, did not read the alternative text embedded in the images. It is possible that some of the abandoned surveys were from individuals with a vision impairment who used ZoomText.

Implications

The current study's implication section will elucidate the applicability of Dembo's prescription for addressing the disconnect between client and counselor in rehabilitation counseling training, practice, and research today, with an eye on transition-age youth.

Clinical Practice

As noted in Chapter Two, Dembo (1964) had her own implications for training and practice to address the disconnect between consumer and counselor around hope. Dembo's prescription for the providers are:

- (1) to acknowledge that they cannot truly know if the probable or possible approach is better,
- (2) that their views, values, and thus expectations come from their personal opinions,
- (3) that clients/consumers come to them for hope—even if it is momentarily—to alleviate suffering;
- (4) that it is the professional's role to empower individuals to seek out information, disagree, advocate, and hope no matter what the clinician's viewpoint is, and
- (5) that clinicians need to underscore that their clinical judgment reflects their orientation toward “realistic or hopeful approach[es]” (p.234).

Dembo concluded that providers must inform, empower, support, and acknowledge clients' hopes of clients and their outsider position. Providers must also acknowledge the uncertainty of their judgment, the uncertainty of hope, and their roles as holders of hope.

Dembo's prescription is powerful, needed, and sixty years old, but this researcher would posit that it has yet to be translated into practice. It has not yet been applied, perhaps because she did not delineate a mechanism of action for all her steps, especially on moving forward in the face of overwhelming probabilities and their ethical dilemmas. However, the ethos of Dembo's prescription is in Weingarten's (2010) reasonable hope model, which provides a more applied framework for counselors to work with and from.

Chapter Two notes that the reasonable hope model is based on assessing available resources and providing support that acknowledges the consumer's subjective experience and hope as powerful and motivating. The reasonable hope framework asks counselors to "bracket" the assumption that hopes and dreams are unrealistic and explore how the hopes and dreams can be actualized. Weingarten's model allows for a counselor to honor hope and partner with their client on the hoped-for goal. The five assumptions of the model are that reasonable hope:

- Is relational.
- Is a practice.
- Maintains that the future is open, uncertain, and influenceable.
- Seeks goals and pathways.
- Accommodates doubt and contradictions.

The hope that Weingarten argues for does not have to take major steps along the path.

Reasonable hope knows that the future is built upon small steps in the here and now. Nor is it built on the unrealistic assumption that hope is either all positive or all negative, but one that is more nuanced and capable of holding a range of emotions. Reasonable hope is about breaking things down into attainable and accessible goals to "ensure that something is done"(Weingarten, 2010, p.10). Her conceptual model shows how Snyder's (1991) goals and pathways are not necessarily about the endpoint of the hope narrative but the steps along the way. The model shows how clinicians can meet their clients where they are with their hopes and dreams. It does not put the onus on the counselor to judge their client's hopes as realistic or unrealistic, thereby, acknowledging the agency, autonomy, and self-determination of clients' hope. It allows for both probabilities and possibilities to occur in an ethical manner. Granted, the framework was

designed for family therapists, but it can easily be applied in rehabilitation counseling, especially in the realm of vocational rehabilitation, which has the framework of career pathways.

As noted in Chapter Two, career pathways acknowledge consumers' long-term vocational aspirations but start an individual in their here and now with developing skills, knowledge, certification, and experiences needed to obtain the end goal. It is also a flexible—but directed and structured—path that allows for reappraisal of goals, whether it be altering the end goal by changing the career pathway or just stopping earlier in the career path. It should also be noted that local career pathways are supported by multiple stakeholders: local education administrations, industry, workforce development boards, state and federal initiatives, and state vocational rehabilitation.

Career pathways have been proven to be successful for people with disabilities. Rehabilitation Service Administration (RSA) demonstration grants in Nebraska, Kentucky, Georgia, Virginia, Wisconsin, California, Massachusetts, Michigan, Vermont, and Oregon have been empowering and “life-altering. Participants have gained not only the skills and credentials needed to access competitive-integrated employment but also the confidence and self-efficacy that are essential for success in the workforce” (Chun et al., 2024, p.308). Career pathways would allow Emilio and the TAY like him—the typical students who receive special education—a pathway to explore their hopes and dreams. It allows the rehabilitation counselor not to judge a person's hopes or future but to work in the here and now—to create forward movement in a person's life—to have reasonable hope. With reasonable hope, a counselor can work within *both* the dictums of probabilities and possibilities.

The current study's findings and the very nature of career pathways also underscore the need for interagency collaboration in practice. As noted before, interagency collaboration is a

pillar of transition success. Wehman and colleagues (2024), in their recommendations for the future of PRE-ETS, also stressed interagency collaboration for a successful transition. They suggested an annual planning meeting for VR and LEAs where “strengths and needs” are discussed, roles and responsibilities are delineated, training is provided, and development of key messaging for families is established (p.270). The annual meeting would then be followed up with regular meetings to discuss issues, concerns, and initiatives. The approach Wehman and colleagues suggested would allow for relationships and knowledge to be gained and even applied. Knowledge of the support provided by the LEA is essential. Developing relationships with public education transition specialists is an essential step that RCs must embrace.

Rehabilitation Counselor Training

Educating aspiring RCs and providing training to experienced RCs on transition-age youth is critical. As noted in Chapter Two, the National Council on Disability (NCD) (2000), while investigating the influence of the Rehabilitation Act on youth outcomes (employment and postsecondary education), found that vocational RCs were ill-equipped to meet “the complex support needs of young adults with disabilities”(NCD, 2000, p. 107). NCD concluded that rehabilitation counseling education programs needed to provide specialized training in transition. Furthermore, fourteen years later, Plotner and Fleming (2014) found that 92% of rehabilitation counseling education program instructors said there were no specialized transition courses and only 35% of rehabilitation counselor educators in their sample felt that their current students were adequately prepared to work with transition-age youth.

As cited in Chapter Two, Plotner and Fleming posited that there was a critical need for vocational rehabilitation counselors to develop transition competencies, but there was not enough time in the rehabilitation counseling master’s level curriculum to develop those competencies;

and such, an RC who focuses on transition was lucky if they had one graduate course that focused on the unique needs of emerging adults' career development process. Plotner and Fleming suggested additional training for post-masters was needed. Granted, with the policy shift stemming from WIOA, more and more RCS and researchers are specializing in transition and attending professional development opportunities, but graduate programs due to the Council on Rehabilitation Education (CORE) and Council for Accreditation of Counseling and Related Educational Programs (CACREP) merger, may have even less time than before 2014 to incorporate a specialized course focusing on transition into their curriculum. More emphasis on transition is needed in the education of rehabilitation counselors. The fact that the rehabilitation counselors seemingly did not acknowledge Emilio's developmental stage in their clinical judgment hypotheses underscores how the lack of education affects clinical judgment. The findings ultimately underscore the importance of training in transition. Wehman and colleagues (2024) noted the existing technical assistance opportunities that VRTAC-QE and NTACTION provide "hold significant promise to design, evaluate, and sustain effective models" for transition (p. 270). The training opportunities that VRTAC-QE and NTACTION provide are ultimately about education and expansion of knowledge, which can help orientate counselors to work with both the dictums of probabilities and possibilities.

Training in Listening

As with clinical practice, Dembo (1964) also provides us with implications for RC training. Dembo posited that trainees need to be provided opportunities to inhabit other viewpoints, so that they can understand the client's decision-making process. Engendering opportunities for empathy and compassion, may not only affect their clinical skills, but Dembo concluded it may also create changes in their own values and ways of being. Wright (1975)

provided three possible approaches—mine and thine approach (where individuals are reminded that everyone is handicapped in some form or another), normalizing relationships by inviting in (where individuals develop relationships with people with disabilities and experience life), and role reversal (which was suggested with caution due to it being a disability simulation) but ultimately, she underscored that there was:

no substitute for training in listening to the person himself as he describes the way he feels and how he sees his own situation, a listening that is stripped of premature psychologizing that molds the words of the insider into the framework of the outsider-listener. Training in such listening is of foremost importance, for such noncoercive understanding is not easily achieved. Even empathy is subject to the distortion of the outsider's perspective, for when the person imagines what it would be like to be in another's shoes, his vicarious experiencing remains too closely tied to his own life space to reflect the reality of the other person's world (p.13).

The training in listening that Wright advocates begins in rehabilitation counseling technique and experiential courses like rehabilitation counseling practicum and internship courses in masters' level coursework. It is thus particularly disheartening to think about current threats to rehabilitation counseling. WIOA now allows individuals who hold any baccalaureate degree and have one year of relevant experience to be qualified vocational rehabilitation providers. This change overlooks the established core of rehabilitation counseling education, where training is provided in employment and medical and psychosocial aspects of disability (Leahy & Szymanski, 1995; Leahy et al., 2003). Disability knowledge and acculturation are needed but are no longer supported by federal legislation. As noted above, rehabilitation counseling practicum and internship experiences at the master's level are a core component of that needed experience.

This researcher and educator posits experiential learning courses as the growing field for listening. Effective RCs need those developmental experiences.

Furthermore, with the new CACREP (2024) standards, the quality of those experiences may be in jeopardy. CACREP standards do not mandate that rehabilitation counseling internship supervisors hold a certification or degree or any knowledge in rehabilitation counseling to provide the required practicum or internship counseling experience. There may not be enough reinforcement of rehabilitation counseling culture and ways of being for aspiring counselors in their experiential courses. The current training in the ability to listen, to bracket oneself, and judgment is in jeopardy, and it is unimaginable what RCs' judgment would be like without those high-quality and essential learning experiences.

Hope-inspiring Competencies as a Student Learning Outcome

It is thus critical, in this researcher's mind, that rehabilitation counseling education embrace Russinova's hope-inspiring competencies as a student learning outcome for their programs. As noted in Chapter Two, Russinova developed the competencies to acknowledge and underscore that "hope manifests itself in the context of relationships; it is a shared experience between giver and receiver"(Russinova, 1999, p. 52), and it is essential to the success of recovery (Anthony et al., 1983). She posited that a supportive rehabilitation professional creates a "holding environment" that provides "emotional stability and encouragement" when consumers' doubts and fears become overwhelming so that the client's strengths, confidence, and success can continue to develop and eventually bloom (Russinova, 1999, p. 52). She theorized that through the succor found in the holding relationship, the hope of the professional for their client, a client can flourish and take risks.

In Russinova's understanding of hope, rehabilitation professionals provide external and internal resources (e.g., job training, education resources, coping skills) that enable recovery.

Russinova believes that resources influence:

the generation and maintenance of hopefulness in both providers and consumers. The extent to which practitioners can identify internal resources in a given client and can secure external resources for this person determines how hopeful they feel about his/her process in recovery (p. 53).

Through finding, obtaining, utilizing, and acknowledging resources, the practitioner models a way of being and, by doing so, validates the hoped-for better future, which the client eventually internalizes, creating a feedback loop. Resources in a supportive environment engender hope; thus, the practitioner's clinical judgment is about making the accurate assessment of the current internal and external resources of a consumer and also the assessment of potential future resources in order to not provide false hope. Russinova, like Dembo (1964), Folkman (2012), Lazarus (1999), Wright (as cited in McCarthy, 2011) and this researcher, see hope as a critical catalyst for positive adaptive behaviors. When a consumer starts to experience success and acknowledges resources, hope increases, and motivation continues to build.

Russinova's (1999) hope-inspiring competence is born out of the knowledge that hope is essential but that providers have been found at times to be "spirit breaking," providing negative judgments about the future, which Russinova posited leads to learned helplessness. Russinova deduced that practitioners' hope-inspiring practitioner's competence is necessary. She sees the competence existing on the high end of hope—where practitioners exhibit hope-inspiring competencies and develop hopeful strategies in the day-to-day service delivery experience. She deduced that practitioners need to have

- a firm belief in the potential for recovery and a conviction that they can implement strategies to benefit the consumer,
- a capacity to tolerate uncertainty about future outcomes,
- a strong motivation, persistence, patience, and agency to promote better outcomes for consumers and
- a hope-inspiring resourcefulness.

Russinova's practitioner's hope-inspiring competencies ultimately underscore the fact that the practitioner needs to have a hopeful mindset and rehabilitation counseling education can reinforce that mindset.

As Dembo (1964; 1970), Russinova (1999), and this researcher believe, the hopeful mindset of the practitioner, researcher, and educator is critical for the success of the client. It is important to note that emerging research in psychological affordances has found that the mindset of influential individuals—such as interventionists and teachers, which can be seen as proxies for counselors—may ultimately be key to why interventions succeed or fail (Walton and Yeager, 2020; Yeager et al., 2022) Employment is one of the defining interventions of rehabilitation counseling. Psychological affordances imply the dire and unchanging employment outcomes for people with disabilities for the last 60 years may be due in part to the mindset of counselors. RCs need to be aware of the power of the psychological environment they create while working with their clients. RCs need to create a hopeful atmosphere, which will be a key support that RCs can provide to their consumers. Aspiring students, existing counselors, and educators need to understand, cultivate, and utilize the power of hope in their practice and pedagogy. Hope is a powerful mindset that has been proven beneficial in health, employment, quality of life, adjustment to disabilities, and creating future possibilities (Folkman, 2012; Hong et al., 2021;

Lazarus, 1999; Lazarus and Folkman, 1984; Livneh & Martz, 2014; Mardhiyha et al., 2020; Wright and Shontz, 1968). It's also catching and part of the social framework of our lives (Snyder et al., 1997). As Freire (2021) would note, it is liberating, but it is also a force that needs the environment to reinforce it (Snyder, 1997; Russinova, 1999).

Russinova's hope inspiring competencies are thus critical to adapt as a student learning outcome for creating and modeling an environment filled with hope and possibilities and not the overwhelming probabilities that make the success of transition age youth uncertain and improbable. It is also imperative that training sites such as VRTACE-QE and NTACTION-C also provide training on Russinova's hope inspiring competencies and Weingartens reasonable hope model for it is not just the future generation of counselors that need hope in their practice by the current ones too. The hopeful environments RCs can provide consumers are necessary to change dire predictions and employment patterns for people with disabilities. It is unconscionable that there may be counselors and educators who feel like they do not need to have high hopes or expectations for the consumer or themselves. Counselors must work within both the dictum of probabilities and possibilities and not solely focus on the probabilities. The dictum of probabilities ultimately underscores that people with disabilities probably will not succeed. The probabilities suggest the present is the future for consumers, just as the participants in this study prognosticates Emilio's future. RCs need to believe in the dictum of possibilities, in the hope for a better future, as they provide service and support to their consumers. It may only be the true power an RC has to change the dictum of probabilities in a consumer's life. Thus, the education of a rehabilitation counselor needs to provide and underscore the importance of valuing the hope of people with disabilities.

Training for Existing RCs

Professional development training in hope inspiring competencies and reasonable hope model are not the only training that existing counselors need to bridge the gap between probabilities and possibilities. Existing RCs have established clinical judgment skills and ways of being with clients that the current research study suggests embrace probabilities more than possibilities. Behavior change is hard. Granted one can argue that counselors are providing ethical service provisions within the framework of their employment, but this research and the review of existing literature suggests that they can do better in honoring possibilities. This researcher and educator believes that RCs' practice is based on a desire to help their consumer and not do harm, but their ways of being and understanding need to be tempered with the awareness of the power of possibilities and the limits of probabilities. As noted earlier in this study, Dembo (1964) provided a prescription for the practitioner:

- 1) to acknowledge that they cannot truly know if the probable or possible approach is better,
- (2) that their views, values, and thus expectations come from their personal opinions,
- (3) that clients/consumers come to them for hope—even if it is momentarily—to alleviate suffering,
- (4) that it is professional's role to empower individuals to seek out information, disagree, advocate, and hope no matter what the clinician's viewpoint is, and
- (5) that clinicians need to underscore that their clinical judgment reflects their own orientation towards “realistic or hopeful approach[es]”(p.234).

In order to implement these five strategies, and along with training on hope inspiring competencies and the reasonable hope model of clinical judgment targeted towards establish

counselors, trainings on cognitive heuristics, tolerance of ambiguity, the influence of positionality on clinical judgment, the motivational power of hope, psychological affordances, the relationship and divide of statistical probabilities and outliers, and career pathways are needed. The trainings need to provide a persuasive argument that acknowledge the skills and ethical considerations that counselors currently utilize in their clinical judgement while also triumphing the need to acknowledge for the power of possibilities, of hope. The trainings would focus on ways for counselors to see the importance of other viewpoints in clinical decision making. Counselors need the tools, knowledge, and support that these trainings would be designed to provide to be able to bridge the divide between probabilities and possibilities.

Further Directions in Research

Dembo (1964) concludes her suggestions for training and practice with the acknowledgment that investigations into all client and professional relationships, to insider and outsider relationships need to occur. In the “Utilization of Scientific Knowledge in Rehabilitation,” which is a further application the dictum of probabilities and possibilities but towards research, she elucidates the need for research that embraces the dictum of possibilities in order to “arrive at knowledge relevant to life” (Dembo, 1970, p.1). She posited that research should be concerned with “life problems”—not something purely theoretically interesting. Dembo argues that the goal of research should be to alleviate everyday problems and not just admire the problem—which has been a consistent criticism of social science research. She also argues that it is important to hear the voices of people with disabilities in research. Dembo ultimately advocates for research that allows for change, growth, and the future to be better than the present.

Furthermore, Dembo (1975) pointed out in her own dissertation that “basic [science] laws cannot be discovered by investigating either statistical generalities or symptoms.... It is necessary to always rely on systematic observation of behavior in concrete detail”(p.135). The individuality of the person and phenomenon is important. Rehabilitation research then would ideally be about the ability to understand the width and breadth of the problem, its impact on people with disabilities’ lives, and always with the goal to remedy the situation. The current study’s research implication has tried to take Dembo’s mandate to heart.

First, a complimentary archival study investigating TAY vocational aspiration at the time of enrollment in vocational rehabilitation and employment obtainment is needed. The archival research could provide the high external validity that the current analogue method does not. The archival study would examine via content analysis individual consumers’ case materials from time of enrollment that delineated the consumer’s vocational aspiration (enrollment forms, PCPs, IEPs, etc.), their IPE employment goal(s), counselor’s and job developers’ case notes, and obtained employment or other state vocational rehabilitation closure reasons.

As noted previously in the limitation section, there is no comparison group; thus, the investigations into understanding the influence of probabilities and vocational hope on the clinical judgment of RCs have just begun, especially since the current study’s findings suggest a connection between RCs’ confirmatory bias and its connection to the dictum of probabilities and hope. Due to known clinical biases regarding race and ethnicity, gender, age, and even disability type that may inhibit outcomes for individuals, further, analogue studies are warranted to investigate how race/ethnicity, gender, disability type, or age may influence the relationship between clinical judgment and vocational hope. Analogue studies focused on the influence of consumers’ hopelessness are also warranted. The researcher could foresee a study depicting a

youth who does not want a job or wants only a part-time job at a store like GameStop, and a youth who has no idea what their career could be. Ultimately, this researcher would say it is safe to assume that the disconnect between probabilities and possibilities does not exist just for a typical TAY who receives special education services. It is most likely a life problem that many vocational rehabilitation consumers face.

As noted in the implication for practice, this researcher also posited the need for clinicians to adopt Weingarten's reasonable hope model; thus, studies should investigate the efficacy and outcomes of that model use. She would also argue that a shared decision-making model based on Dembo's prescription on navigating the intersections of probabilities and possibilities needs to be developed. The development of a shared decision-making model would allow the ability of RCs to have a framework to test and even revise their clinical judgment hypotheses with their consumer. It would also allow for a direct and thorough conversation about goals, the development of the steps to achieve them, and the support the RC can provide. The active engagement of the consumer in the decision-making process would also create empowering, self-determined, and truly informed choice. Further, longitudinal studies are warranted on the influence of possibilities and probabilities; particularly studies that track outcomes of consumers and counselors who embrace the dictum of possibilities. The researcher would also go as far as to suggest that Russinova and colleagues' (2006) Recovery-Promoting Relationship Scale be used as an assessment of providers' ability to inspire hope, self-acceptance, and self-determination in clinical relationships. The use of the scale would enable the researcher to gather data from the point of view of the individual with a disability; the data would create opportunities to investigate transition-age youth's own assessment of counselors' ability to develop and inspire hope, a psychological affordance that is critical for success. Plus,

the scale could help bolster the conclusion of this dissertation that RCs need to have high expectations and hopes for their clients. Additionally, cross-sectional research on transition-age youths' vocational hope and its influence on vocational outcomes is warranted.

It is also essential to investigate the differences between special educators and RCs' perceptions of estimates of vocational potential. As Zhang et al. (2023) noted in their qualitative study on rehabilitation counselors who work with transition-age youth, their RC participants said special educators are often seen as "dream makers" while RCs see themselves as "dream killers." The observed disconnect may reflect the differing roles, understanding of the future, and goals that RCs and special educators inhibit. Further investigations could lead to insights that could increase collaboration and engagement in vocational rehabilitation. The research could strengthen support networks via collaboration and coordination of resources across education, community-based programs, and employers to meet students' needs, interests, and aspirations.

There are also avenues for secondary analyses of the current data that could help illuminate the relationship between probabilities, possibilities, and clinical judgment. As we can see from the frequency data from Estimate of Vocational Potential-Revised, there are RCs who had high hopes and expectations for Emilio's future. Analyzing the existing data using a cluster analysis approach could illuminate qualities that nourish those high expectations, and the orientation to the realm of possibilities. Also, further investigations into vocational hope, tolerance of ambiguity, and positionality are warranted due to the significant main effects found in the current study's moderation analyses and the theoretical support suggesting a relationship between these factors and RC clinical judgment. If there is a relationship between tolerance of ambiguity, vocational hope, and/or positionality, there is evidence to support eventual intervention studies focusing on building tolerance of ambiguity, vocational hope, and

compassion to reduce cognitive biases in clinical judgment. As noted in the methodology section, the researcher also has qualitative findings to analyze that could help inform our understanding of how RCs view hope in the vocational rehabilitation process.

Furthermore, and importantly, although this dissertation found areas where RCs needed to grow and develop in relationship to the realm of possibilities, it is essential to note that there are RCs who do an exceptional job navigating the distance between the two. As such, through qualitative interviews, it is important to investigate their perceptions of probabilities and possibilities, the strength and support they provide, and their understanding of hope and statistical probabilities are when working with transition-age youth. The qualitative interviews should be conducted not only with the exceptional RCs but also with their consumers. RCs need to hear the success stories and how the dictum of possibilities work in the field.

Plus, research into rehabilitation counseling education and its presentation of probabilities and possibilities is needed. As noted, Dembo suggested that students must cultivate empathy to have the skills to navigate the intersections of probabilities and possibilities; thus, research into empathy and clinical judgment is also needed.

Conclusion

The current study's findings suggest that RCs pay limited attention to hope and the possibilities of a better future. Instead, rehabilitation counselors' clinical judgment focuses on "realistic" probabilities that ultimately do not predict a better future for their transition-age youth consumers. It is important to note and clarify that statistical probabilities are important, for they allow us to understand the scope of the issue and then to create and use of high-quality, evidence-based interventions. They also can be used to inform the client about the uncertainty that is tied to their hopes and goals, the work that may or may not be needed to obtain a better

future, and to help normalize the now. Probabilities can be used to remedy problems but should not be used to reinforce them. RCs need to embrace Dembo's words as a cornerstone of their practices. Dembo (1964) asserted that it is not

a necessity for the professional to support all the hopes of the parent [or individual with disability] but asserted only the necessity of supporting a general psychologically hopeful atmosphere, that is a hopeful view of the future, a belief in the possibility of improvement (p. 235).

Dembo is ultimately advocating RCs. to acknowledge that the future is unwritten—anything is possible. As Dembo (1964) noted, “we do not know whether, when, and under what circumstances the viewpoint of the professional [the statistical probability] or of the parent [or the individual with a disability's hope] is to be recommended”(p.234). Ultimately, to summarize Chapter Two, an individual's hope is an informed choice one makes. As such, the hope, whether it be about vocational aspiration or medical treatment, it is one that an individual must create and own. RCs must acknowledge and value the consumer's hope. They need to embrace both probabilities and possibilities to accurately provide their clinical judgment in a humane and empowering way. RCs must embrace that the fact is no right way to provide service without acknowledging and honoring hope. Hope is a catalyst of action, for it is faith in future possibilities and even probabilities. Whether hope is realistic or unrealistic, the ability to motivate and create change is still present. Hope is not stagnant. It grows, diminishes, expands, and changes through experiences and reality appraisals. It is a leap of autonomy, of action. As cited in McCarthy (2011), Wright, who summarized her understanding and findings from her numerous research on hope, said:

The issue is whether unrealistic hope easily slips into denial, as one respondent feared. The evidence that I have garnered is that we need not be concerned about that so long as the person continues to participate in executing the rehabilitation plan. Hope, however unrealistic, can energize effort to stay the course and improve. As time goes on, new hopes typically replace old ones that have been modified in light of the reality that emerges from success and failure experiences. If the person sabotages the plan or gives up, it may be because the person has lost hope and, therefore, sees no value in rehabilitation, or it may be that the person is in denial.

As Wright noted, the very nature of hope, the forward nature, will cause a reality appraisal, and hopes can be modified or sustained. As concluded by Wright (McCarthy, 2011), Dembo (1964), Lazarus (1999), and others, it is not hope that rehabilitation counselors should be worried about, but hopelessness. As noted in Chapter Two and the discussion, feelings of hopelessness can be reinforced by environment— whether it is missing information, societal pressure, influence of others, or financial constraints –or even if it is located in the individual—irrational beliefs, lack of skills, or ability, motivation, or commitment. Addressing feelings of hopelessness, providing resources and support, advocating for accommodations and modification, modeling hope for a better future, and believing in it, are the foundation of rehabilitation counseling. Ultimately, RCs must allow for the uncertainty that a better future is realistic. Hope is never unrealistic because, as the probability definition of hope states, hope is always possible (Musschenga, 2019).

Furthermore, due to the theorized mechanism of action of psychological affordances, RCs need to be aware of the psychological environment and the lay theories they model and may unknowingly reinforce to their consumers. RCs need to be able to create and sustain hope— especially in the face of overwhelming probabilities. Dembo (1964) and this researcher would

agree that individuals with disabilities and RCs need hope. Hope does not exist only in abundance and ease but also in the cracks and crevices, the harshness of life where things seem improbable.

To summarize this dissertation's conclusion on hope, the dictum of possibilities is needed for adaptative behavior and motivation to continue to live, dream, and thrive. Furthermore, Lazarus (1999) concluded that "[a]cceptance [of life's situations] and hope [for a better future], both of which require a coping effort to achieve are, in effect, intertwined and probably powered by the same or a similar process"(p. 655). Dembo's (1964) conceptual understanding of the role of possibilities, the role of hope in people with disabilities is central to psychosocial adaptation and adjustment to disabilities. Dembo extends the concept of psycho-social adaptation and adjustment to disabilities in "Sensitivity of One Person to Another," to rehabilitation professionals. Dembo concludes that rehabilitation professionals need to have the ability to understand the insider's perspective. She suggested that RCs can be taught "to see with the eyes of the other and to see the advantages of the viewpoint to which the other adheres"(Dembo, 1964, p. 235). She goes further and stated:

The temporary taking of the position of the other might not only lead to emotional tolerance and also might bring about a more far-reaching change. It might lead to the reconsideration of one's own viewpoint and to a change in one's beliefs and actions (p. 235).

Dembo and this researcher see the RCs responsibility is to build a bridge between the insider and the outsider, a bridge of empathy and hope.

It is important to note that Dembo's insider-outsider paradigm is an acknowledged frame in social science research to understand the positionality of the counselor, researcher, and people

with disabilities. However, it is surprising that Dembo's voice and understanding of the role of hope is often lost or overlooked when looking at the insider-outsider paradigm. This dissertation is currently the only known study that provides intentional evidence on the influence of the dictum of probabilities and possibilities, on hope as the needed bridge between the insider and outsider paradigm in RCs' clinical judgment. Sixty years ago, Dembo's (1964) "Sensitivity of One Person to Another" clearly and eloquently delineates the steps to work within both dictums, and not be insensitive. Her theories, ideas, beliefs, and research are the foundation stones of rehabilitation counseling and psychology, and yet, we seemingly continue to be insensitive. Her voice and understanding have not been heard. So much so, we can also look to recent articles and scholars like Lund (2022) who seemingly does not know that Dembo was the progenitor of the insider-outsider theory. Lund did not cite Dembo at all in her review of the inside-outsider paradigm. She credited the insider-outsider paradigm to Wright and Dunn.

Furthermore, due to Dembo's voice being lost, Lund does not acknowledge the importance of the dictum of possibilities and probabilities to the insider-outsider dynamic. It is amazing that a scholarly journal like *Rehabilitation Psychology*—who had a rich history of publishing Dembo when she was a live—reviewers and editors did not know to ask Lund to acknowledge Dembo in her review of the literature surrounding the insider-outsider paradigm before accepting the article for publication. Instead, the article is a gloss. The article and the lack of existing research around probabilities and possibilities highlight and underscore the need for Dembo's lost voice around hope and clinical judgment to be heard.

Importantly, this researcher, through the review of literature around hope, uncertainty, the insider-outsider dynamic, and this dissertation's research experiment, believes Dembo's voice and ethos hold the keys to moving forward against the tide of history and the overwhelming

probabilities of the future. The current study and Dembo acknowledge that people with disabilities can and should succeed with support and care. There are clear steps that can be taken with reasonable hope, career pathways, hope-inspiring competencies, and further training in listening, disability acculturation and knowledge. Rehabilitation counselors must acknowledge the dire need for a system change in practice, in education, and in research. They need hope.

References

- Allison, J. J., Kiefe, C. I., Cook, E. F., Gerrity, M. S., Orav, E. J., & Centor, R. (1998). The association of physician attitudes about uncertainty and risk taking with resource use in a Medicare HMO. *Medical Decision Making*, 18(3), 320-329.
<https://doi.org/10.1177/0272989X9801800310>
- Amundson, N., Niles, S. G., & Joon Yoon, H. (2020). Hope-action theory and practice. *Psychologia Wychowawcza*, 60 (18), 91-102. <https://doi.org/10.5604/01.3001.0014.6227>
- Anthony, W. A., Cohen, M. R., & Cohen, B. F. (1983). Philosophy, treatment process, and principles of the psychiatric rehabilitation approach. *New Directions for Mental Health Services*.
- Aspinwall, L. G., & Leaf, S. L. (2002). In search of the unique aspects of hope: Pinning our hopes on positive emotions, future-oriented thinking, hard times, and other people. *Psychological Inquiry*, 13(4), 276-288.
https://doi.org/10.1207/S15327965PLI1304_02
- Auden, W. H. (1970). *A Certain World: A Commonplace Book*. Viking Press, New York.
- Bachman, K. H., & Freeborn, D. HMO physicians' use of referrals. *Social Science & Medicine* 48, no. 4 (1999): 547-557. [https://doi.org/10.1016/s0277-9536\(98\)00380-3](https://doi.org/10.1016/s0277-9536(98)00380-3)
- Balen, N. S., & Merluzzi, T. V. (2021). Hope, uncertainty, and control: A theoretical integration in the context of serious illness. *Patient Education and Counseling*, 104(11), 2622-2627.
<https://doi.org/10.1016/j.pec.2021.07.029>
- Bekken, W., Ytterhus, B., & Söderström, S. (2021). 'In the next moment I answer, it is not possible.' professionals' experiences from transition planning for young

- people. *Scandinavian Journal of Disability Research*, 23(1).
<https://doi.org/10.16993/sjdr.783>
- Berlant, L. (2020). *Cruel Optimism*. Duke University Press.
- Beveridge, S., Craddock, S. H., Liesener, J., Stapleton, M., & Hershenson, D. (2002). INCOME: A framework for conceptualizing the career development of persons with disabilities. *Rehabilitation Counseling Bulletin*, 45(4), 195-206.
- Bishop, M., Zhou, K., Fry, H., Richard, C., Park, S., Wiegmann, S., & Blackstone, G. (2024). Professional experience and perspectives of rehabilitation counselors with adjustment counseling: A national survey of certified rehabilitation counselors. *Rehabilitation Counselors and Educator Journal*. <https://doi.org/10.52017/001c.92320>
- Blalock, K. (2005). The effect of ego development, empathy, and social dominance orientation on the multicultural competencies of rehabilitation trainees. (Doctoral dissertation). The University of Wisconsin-Madison.
- Bovens, L. (1999). The value of hope, *Philosophy and Phenomenological Research*, 59: 667–681. <https://doi.org/10.2307/2653787>
- Bremer, C. D., Kachgal, M., & Schoeller, M. (2003). Self-determination: Supporting successful transition. Research to Practice Brief.
https://conservancy.umn.edu/bitstream/handle/11299/172987/NCSETResearchBrief_2.1.pdf?sequence=1&isAllowed=y
- Brown, S. D., Lamp, K., Telander, K., & Hacker, J. (2013). Career development as prevention: Toward a social cognitive model of vocational hope. In E. M. Vera (Ed.), *Handbook of prevention in counseling psychology* (pp. 374-392). New York, NY: Oxford University Press.

- Bunston, Terry, Mings, D., Mackie, A. and Diane Jones. Facilitating hopefulness: The determinants of hope. *Journal of Psychosocial Oncology* 13, no. 4 (1995): 79-103.
- Calhoun, C. (2013). Hope. Chesire Calhoun.com. <https://cheshirecalhoun.com/wp-content/uploads/2013/05/Ch5Hope.doc.pdf>
- Campbell, B., & Mark, M. (2015). How analogue research can advance descriptive evaluation theory: understanding (and improving) stakeholder dialogue. *American Journal of Evaluation*, 6(2) 204-220. <https://doi.org/10.1177/1098214014532166>
- Campbell, J. (1949). *The hero with a thousand faces*. Pantheon Books.
- Carson, K. D., & Bedeian, A. G. (1994). Career commitment: Construction of a measure and examination of its psychometric properties. *Journal of Vocational Behavior*, 44(3), 237-262.
- Carter, E. W., Austin, D., & Trainor, A. A. (2012). Predictors of postschool employment outcomes for young adults with severe disabilities. *Journal of Disability Policy Studies*, 23(1), p. 50-63.
- Charness, G., & Dave, C. (2017). Confirmation bias with motivated beliefs. *Games and Economic Behavior*, 104, 1-23. <https://doi.org/10.1016/j.geb.2017.02.015>
- Chun, J., Anderson, C., Rumrill, S., Richard, C., Zhou, K., Fry, H., & Froehlich, R. J. (2024) Promoting quality career pathways for individuals with disabilities through the public vocational rehabilitation program. *Journal of Vocational Rehabilitation*, 60(3), 299-310.
- Collins, S. (2015). Hope and helping in social work. *Practice*, 27(3), p197-213.
- Cook, B. & Rumrill, P. (2005). Using and interpreting analogue designs. *Work*. 24, 93-97.

- Cooke, G. P., Doust, J. A., & Steele, M. C. (2013). A survey of resilience, burnout, and tolerance of uncertainty in Australian general practice registrars. *BMC Medical Education*, 13(1), 1-6. . <https://doi.org/10.1186/1472-6920-13-2>
- Copeland, S. R., Hughes, C, Agran, M., Wehmeyer, M. L., & Fowler, S. E. (2002). An intervention package to support high school students with mental retardation in general education classrooms. *American Journal on Mental Retardation*, 107, 32-45
[https://doi.org/10.1352/0895-8017\(2002\)107<0032:AIPTSH>2.0.CO;2](https://doi.org/10.1352/0895-8017(2002)107<0032:AIPTSH>2.0.CO;2)
- CRCC (2017, October). CRCC connections. Annual Report for fiscal year 2016-2017.
https://issuu.com/crccert/docs/crcc_annualreport_fy16-17-final
- Curtiss, S. L., Lee, G. K., s the, J., Lee, H., Kuo, H. J., & Ami-Narh, D. (2021). Autistic young adults', parents', and practitioners' expectations of the transition to adulthood. *Career Development and Transition for Exceptional Individuals*, 44(3), 174-185.
<https://doi.org/10.1177/21651434209676>
- Daugherty, R. H., & Barber, G. M. (2001). Self-sufficiency, ecology of work, and welfare reform. *Social Service Review*, 75, 662–675. <https://doi.org/10.1086/323167>
- Erdfelder, E., Faul, F., & Buchner, A. (1996). GPOWER: A general power analysis program. *Behavior Research methods, Instruments, & Computers*, 28, 1-11.
<https://doi.org/10.3758/BF03203630>
- Davies, M. F. (1998). Dogmatism and belief formation: Output interference in the processing of supporting and contradictory cognitions. *Journal Of Personality And Social Psychology*, 75(2), 456. <https://doi.org/10.1037/0022-3514.75.2.456>
- Dawes, R. M., Faust, D., & Meehl, P. E. (1989). Clinical versus actuarial judgment. *Science*, 243, 1668-1674. <https://doi.org/10.1126/science.2648573>

- Dembo, T. (1964). Sensitivity of one person to another. *Rehabilitation Literature*, 25(8), 231–235.
- Dembo, T. (1970). The utilization of psychological knowledge in rehabilitation. *Welfare Review.*, 8,1.
- Dembo, T (1975). Dembo on science. *Rehabilitation Psychology*. 22(2) 135.
- Dickison, P., Haerling, K. A., & Lasater, K. (2019). Integrating the National Council of State Boards of Nursing clinical judgment model into nursing educational frameworks. *Journal of Nursing Education*, 58(2), 72-78. <https://doi.org/10.3928/01484834-20190122-03>
- Diemer, M. A., & Blustein, D. L. (2007). Vocational hope and vocational identity: Urban adolescents' career development. *Journal of Career Assessment*, 15(1), 98-118. <https://doi.org/10.1177/106907270629452>
- Dudovitz, R. N., Chung, P. J., Nelson, B. B., & Wong, M. D. (2017). What do you want to be when you grow up? Career aspirations as a marker for adolescent well-being. *Academic Pediatrics*, 17(2), 153-160. <https://doi.org/10.1016/j.acap.2016.08.006>
- Emmelkamp, P. M., Mersch, P.P., & Vissia, E. (1985). The external validity of analogue outcome research: Evaluation of cognitive and behavioral interventions. *Behaviour Research and Therapy*, 23(1), 83–86. [https://doi.org/10.1016/0005-7967\(85\)90146-9](https://doi.org/10.1016/0005-7967(85)90146-9)
- Erickson, E. (1950). *Childhood and Society*. New York: WW Norton & Co.,
- Fabian, E., Havewala, M., Deschamps, A., Owens, L., & Horton, N. (2021). The road to work: Youth with disabilities and their views on employment and the ADA. *Rehabilitation Research, Policy, and Education*. <https://doi.org/10.1891/re-20-20>
- Folkman, S. (2012). Stress, coping, and hope. In *Psychological Aspects of Cancer* (119-127). Boston, MA: Springer US.

- DataUSA.(n.d). Rehabilitation Counselors: Detailed occupation. Retrieved June 23, 2024 from <https://datausa.io/profile/soc/rehabilitation-counselors?employment-bl-measure=workforceEBL>
- Dorsett, P. (2010). The importance of hope in coping with severe acquired disability. *Australian Social Work*, 63(1), 83-102. <https://doi.org/10.1080/03124070903464293>
- Farley,R,C . Bolton, P. & Parkerson, R. Effects of client involvement in assessment on vocational development, *Rehabilitation Counseling Bulletin* 35(3) (1992), 146–153.
- Fields, A. (2022). *Introduction to Mediation, Moderation, and Conditional Process Analysis: A Regression-Based Approach*. Guilford.
- Freire, P. (2021) *Pedagogy of Hope*. New York: Continuum.
- Gard, D. E., & Leung, L. N. (2021). How Meaning Is Made: Ambiguity Tolerance as a Central, Operationalizable Concept for Psychotherapy Integration. *International Journal of Integrative Psychotherapy*, 11(1), 97-123. <https://www.integrative-journal.com/index.php/ijip/article/view/155/111>
- Geller, G., Tambor, E. S., Chase, G. A., & Holtzman, N. A. (1993). Measuring physicians' tolerance for ambiguity and its relationship to their reported practices regarding genetic testing. *Medical Care*, 31(11), 989-1001.
- Geller, G. (2013). Tolerance for ambiguity: an ethics-based criterion for medical student selection. *Academic Medicine*, 88(5), 581-584. <https://doi.org/10.1097/ACM.0b013e31828a4b8e>
- Gilberts, G. H., Agran, M., Hughes, C., & Wehmeyer, M. (2001). The effects of peer-delivered self-monitoring strategies on the participation of students with severe disabilities in

- general education classrooms. *Journal of the Association for Persons with Severe Handicaps*, 26, 25–36. <https://doi.org/10.2511/rpsd.26.1.25>
- Goodall, G., Mjøen, O. M., Witsø, A. E., Horghagen, S., & Kvam, L. (2022). Barriers and facilitators in the transition from higher education to employment for students with disabilities: A rapid systematic review. In *Frontiers in Education* (p. 202). *Frontiers*. <https://doi.org/10.3389/feduc.2022.882066>
- Han, P. K., Klein, W. M., & Arora, N. K. (2011). Varieties of uncertainty in health care: a conceptual taxonomy. *Medical Decision Making*, 31(6), 828-838. <https://doi.org/10.1177/0272989X103939>
- Hancock, J., & Mattick, K. (2020). Tolerance of ambiguity and psychological well-being in medical training: a systematic review. *Medical Education*, 54(2), 125-137. <https://doi.org/10.1111/medu.14031>
- Hardy, K. V., & McGoldrick, M. (2008). Re-visioning training. In M. McGoldrick & K. V. Hardy (Eds.), *Re-visioning Family Therapy: Race, Culture, and Gender in Clinical Practice* (2nd ed.) (pp. 442-460). New York: The Guilford Press.
- Hartnett, J. T., Collins, M., & Tremblay, T. (2002). Longitudinal outcomes in Vermont's Consumer Choice Demonstration Project (1993--1999). *Journal of Vocational Rehabilitation*, 17(3), 145-154.
- Hicks, P. (2014). Competency 8. Recognize that ambiguity is part of clinical medicine and respond by utilizing appropriate resources in dealing with uncertainty. *Academic Pediatrics*, 14(2), S94-S97. <https://doi.org/10.1016/j.acap.2013.11.053>
- Hillen, M. A., Gutheil, C. M., Strout, T. D., Smets, E. M., & Han, P. K. (2017). Tolerance of uncertainty: Conceptual analysis, integrative model, and implications for

healthcare. *Social Science & Medicine*, 180, 62-75.

<https://doi.org/10.1016/j.socscimed.2017.03.024>

Hordijk, M., Vermeulen, S. F., & Bunnik, E. M. (2022). The ‘false hope ‘argument in discussions on expanded access to investigational drugs: a critical assessment. *Medicine, Health Care and Philosophy*, 1-9. <https://doi.org/10.1007/s11019-022-10106-y>

Hong, P. Y. P., Hong, R., Choi, S., & Hodge, D. R. (2021). Examining psychological self-sufficiency among low-income jobseekers with mental health barriers. *Community Mental Health Journal*, 57, 178-188. <https://doi.org/10.1007/s10597-020-00630-7>

Hughes, L. (1994). *Dreams. The Collected Poems of Langston Hughes*. Vintage.

Hunt, M., & Miller, G. (1968). Open and closed -mindedness belief- discrepant communication behavior, and tolerance for cognitive consistency. *Journal of Personality and Social Psychology*, 8, 35-37. <https://doi.org/10.1037/h0021238>

Iannello, P., Mottini, A., Tirelli, S., Riva, S., & Antonietti, A. (2017). Ambiguity and uncertainty tolerance, need for cognition, and their association with stress. A study among Italian practicing physicians. *Medical Education Online*, 22(1), 1270009. <https://doi.org/10.1080/10872981.2016.1270009>

IBM Corp. (2022). IBM SPSS Statistics for MAC (Version 29.0) [Computer software]. IBM Corp.

Individuals With Disabilities Education Act, 20 U.S.C. § 300.43 (2017).

Jacinto, S. B., Lewis, C. C., Braga, J. N., & Scott, K. (2018). A conceptual model for generating and validating in-session clinical judgments. *Psychotherapy Research*, 28(1), 91-105. <https://doi.org/10.1080/10503307.2016.1169329>

- Jivanjee, P., Kruzich, J. & Gordon, L. The age of uncertainty: Parent perspectives on the transitions of young people with mental health difficulties to adulthood. *Journal of Child and Family Studies* 18 (2009): 435-446. <https://doi.org/10.1007/s10826-008-9247-5>
- Johnson, A. G. (2006). *Privilege, Power, and Difference* (2nd ed.). Boston, MA: McGraw Hill.
- Kaya, C., Hsu, S., Rumrill, P. D., Hanley-Maxwell, C., & Chan, F. (2021). Differential vocational rehabilitation service patterns and outcomes for transition-age youth with specific learning disabilities: Implications in the COVID-19 era. *Journal of Vocational Rehabilitation*, 54(1), 59-70. <https://doi.org/10.3233/JVR-201118>
- Kahneman, D. (2003). A perspective on judgment and choice: Mapping bounded rationality. *American Psychologist*, 58, 697-720. <https://doi.org/10.1037/0003-066X.58.9.697>
- Kahneman, D. (2011). *Thinking, Fast and Slow*. Macmillan.
- Kierpiec, K. (2012). Transition counselor efficacy: Essential knowledge domains for best practices. (Doctoral dissertation). Michigan State University.
- Kohler, P. D., Gothberg, J. E., Fowler, C., and Coyle, J. (2016). Taxonomy for transition programming 2.0: A model for planning, organizing, and evaluating transition education, services, and programs. Western Michigan University. Available at www.transitionta.org.
- Kosciulek, J. F. (1999). The consumer-directed theory of empowerment. *Rehabilitation Counseling Bulletin*, 42, 196–213.
- Kucharczyk, S., Oswald, A. K., Whitby, P. S., Frazier, K., & Koch, L. (2022). Emerging trends in youth engagement during transition: Youth as interdisciplinary partners. *Rehabilitation Research, Policy, and Education*, 36(1), 71-98. <http://doi.org/10.1891/RE-21-16>
- Kuo, J. K. (2013). Rehabilitation counselors' perceptions of importance and competence of assistive technology. (Doctoral dissertation). Michigan State University.

- Kvale, J., Berg, L., Groff, J. Y., Lange, G. Factors associated with residents' attitudes toward dying patients. *Family Medicine*. 1999; 31:69.
- Kwak, N., & Radler, B. (2002). A comparison between mail and web surveys: response pattern, respondent profile, and Data quality. *Journal of Official Statistics*, 18(2), 257-273.
- Langi, F. F. G., Oberoi, A., Balcazar, F. E., & Awsumb, J. (2017). Vocational rehabilitation of transition-age youth with disabilities: A propensity-score matched study. *Journal of Occupational Rehabilitation*, 27, 15-23. <https://doi.org/10.1007/s10926-016-9627-4>
- Larivée, S., Sénéchal, C., & St-Onge, Z. (2018). Confirmation bias in the clinical practice. *Enfance*, 4(4), 575-592.
- Lazarus, R. (1999). Hope: An emotion and a vital coping resource against despair. *Social Research*, (66)2, 653-678.
- Lazarus, R., & Folkman, S. (1984). *Stress, Appraisal, And Coping*. New York: Springer.
- Lee, G. K., & Carter, E. W. (2012). Preparing transition-age students with high-functioning autism spectrum disorders for meaningful work. *Psychology in the Schools*, 49(10), 988-1000. <https://doi.org/10.1002/pits.21651>
- Leung, K. K., Silvius, J. L., Pimlott, N., Dalziel, W., & Drummond, N. (2009). Why health expectations and hopes are different: the development of a conceptual model. *Health Expectations*, 12(4), 347-360.
- Livneh, H., & Antonak, R. F. (1994). Indirect methods to measure attitudes toward persons with disabilities. *Rehabilitation Education*, 8, 103-137.
- Livneh, H., & Martz, E. (2014). Coping strategies and resources as predictors of psychosocial adaptation among people with spinal cord injury. *Rehabilitation Psychology*, 59(3), 329. <https://doi.org/10.1037/a0036733>

- Lund, E. M. (2022). Valuing the insider-professional perspective of disability: A call for rehabilitation psychologists to support disabled psychologists and trainees across the profession. *Rehabilitation Psychology, 67*(4), 582.
- Mardhiyah, A., Philip, K., Mediani, H. S., & Yosep, I. (2020). The association between hope and quality of life among adolescents with chronic diseases: a systematic review. *Child Health Nursing Research, 26*(3), 323. <https://doi.org/10.4094/chnr.2020.26.3.323>
- Markve, M.E. (2013). Influences on the ethical orientations of certified rehabilitation counselors (Doctoral dissertation). University of Northern Colorado.
- Martin, A. M. (2011). Hopes and dreams 1. *Philosophy and Phenomenological Research, 83*(1), 148-173. <https://doi.org/10.1111/j.1933-1592.2010.00422.x>
- Martin, R. J., & Van Gunten, D. M. (2002). Reflected identities: applying positionality and multicultural social reconstructionism in teacher education. *Journal of Teacher Education, 53*(1), 44-54
- Mazzotti, V. L., Rowe, D. A., Kwiatek, S., Voggt, A., Chang, W. H., Fowler, C. H., ... & Test, D. W. (2021). Secondary transition predictors of postschool success: An update to the research base. *Career Development and Transition for Exceptional Individuals, 44*(1), 47-64. <https://doi.org/10.1177/2165143420959793>
- McCarthy, H. (2011). A modest festschrift and insider perspective on Beatrice Wright's contributions to rehabilitation theory and practice. *Rehabilitation Counseling Bulletin, 54*(2), 67-81. <https://doi.org/10.1177/0034355210386971>
- McGeorge, C. R., & Carlson, T. S. (2010). Social Justice Mentoring: Preparing Family Therapists for Social Justice Advocacy Work. *Michigan Family Review, 14*(1). <http://dx.doi.org/10.3998/mfr.4919087.0014.106>

- McLain, D. L. (2009). Evidence of the properties of an ambiguity tolerance measure: The multiple stimulus types of ambiguity tolerance scale–II (MSTAT–II). *Psychological Reports*, 105(3), 975-988. <https://doi.org/10.2466/PRO.105.3.975-988>
- McMahon, M. A. (2013). Effectiveness of a problem-based learning intervention on the clinical judgment abilities and ambiguity tolerance of baccalaureate nursing students during high fidelity simulation. (Doctoral dissertation). University of Massachusetts Dartmouth.
- Meehl, P. E. (1954). Clinical versus statistical prediction: A theoretical analysis and a review of the evidence. <https://doi.org/10.1037/11281-000>
- Miller, C. W., Roloff, M. E., & Reznik, R. M. (2014). Hopelessness and interpersonal conflict: Antecedents and consequences of losing hope. *Western Journal of Communication*, 78(5), 563-585.
- Miller, D. J., Spengler, E. S., & Spengler, P. M. (2015). A meta-analysis of confidence and judgment accuracy in clinical decision making. *Journal of Counseling Psychology*, 62(4), 553. <https://doi.org/10.1037/cou0000105>
- Mishel, M. H. (1990). Reconceptualization of the uncertainty in illness theory. *Image: The Journal of Nursing Scholarship*, 22(4), 256-262.
- Mortimer, J. T. (2010). The benefits and risks of adolescent employment. *The prevention Researcher*, 17(2), 8.
- Mouton A.R., & Montijo M.N.: Hope and work. In the *Oxford Handbook of Hope*. Oxford University Press; 2018:327 – 339. <https://doi.org/10.1007/s10488-016-0773-y>
- Mowrer, O. H. (1960). *Learning Theory and Behavior*. New York, NY: Wiley.
<https://doi.org/10.1037/10802-000>

- Musschenga, B. (2019, July). Is there a problem with false hope? In *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine* (Vol. 44, No. 4, pp. 423-441). US: Oxford University Press. <https://doi.org/10.1093/jmp/jhz010>
- National Parent Center on Transition and Employment. (n.d.). Workforce innovation and opportunity act - national parent center on transition and employment. <https://www.pacer.org/transition/learning-center/laws/workforce-innovation.asp>
- National Council on Disability. (2000). Transition and post-school outcomes for youth with disabilities. Closing the gaps to post-secondary education and employment. Washington, DC.
- National Center for Education Statistics. (2022). Students With Disabilities. Condition of Education. U.S. Department of Education, Institute of Education Sciences. Retrieved from <https://nces.ed.gov/programs/coe/indicator/cgg>.
- National Center for O*NET Development. (2024). O*NET OnLine Help: Job Zones. O*NET OnLine. <https://www.onetonline.org/help/online/zones>
- National Center for Science and Engineering Statistics. (2021). Women, minorities, and persons with disabilities in science and engineering. <https://nces.nsf.gov/pubs/nsf21321/report/>
- Nerlich, A. P., Landon, T. J., & Keegan, J. P. (2022). A vision for rehabilitation counseling: Appreciative inquiry through the eyes of our legacy leaders. *Rehabilitation Counselors and Educators Journal*, 11(1). <https://rcej.scholasticahq.com/article/31744-a-vision-for-rehabilitation-counseling-appreciative-inquiry-through-the-eyes-of-our-legacy-leaders>
- Nichols, J. L. (2006). Balancing intuition and reason: tuning in to indecision. *The Journal of Rehabilitation*, 72(4), 40+.

- Niles, S. G., Yoon, H. j., Balin, E., & Amundson, N. A. (2010). Using a hope-centered model of career development in challenging times. *Turkish Psychological Counseling and Guidance Journal*, 4(34), 101-108.
- Noel, V. A., Oulvey, E., Drake, R. E., & Bond, G. R. (2017). Barriers to employment for transition-age youth with developmental and psychiatric disabilities. *Administration and Policy in Mental Health and Mental Health Services Research*, 44, 354-358.
<https://doi.org/10.1007/s10488-016-0773-y>
- Norton, R. W. (1975). Measurement of ambiguity tolerance. *Journal of Personality Assessment*, 39(6), 607-619. https://doi.org/10.1207/s15327752jpa3906_11
- Osgood, C. E., Suci, G. J., & Tannenbaum, P. H. (1957). *The Measurement of Meaning* (No. 47). University of Illinois press.
- Pepinsky, H. B., & Pepinsky, P. N. (1954). *Counseling theory and Practice*. Ronald Press Company. <https://doi.org/10.1037/10631-000>
- Peterson, R. L., Boada, R., McGrath, L. M., Willcutt, E. G., Olson, R. K., & Pennington, B. F. (2017). Cognitive prediction of reading, math, and attention: Shared and unique influences. *Journal of Learning Disabilities*, 50(4), 408-421.
<https://doi.org/10.1177/0022219415618500>
- Perske, R. (1972). The dignity of risk and the MR. *Mental Retardation*, 10(1), 24.
- Plasman, J. S., & Gottfried, M. A. (2018). Applied STEM coursework, high school dropout rates, and students with learning disabilities. *Educational Policy*, 32(5), 664-696.
- Pleegingw, E., J. Exel, and M. Burger. 2021. Characterizing hope: an interdisciplinary overview of the characteristics of hope. *Applied Research in Quality of Life* 17: 1681–1723.
<https://doi.org/10.1007/s11482-021-09967-x>.

- Pleet-Odle, A., Aspel, N., Leuchovius, D., Roy, S., Hawkins, C., Jennings, D., ... & Test, D. W. (2016). Promoting high expectations for postschool success by family members: A “to-do” list for professionals. *Career Development and Transition for Exceptional Individuals*, 39(4), 249-255. <http://doi.org/10.1177/2165143416665574>
- Plotner, A. J., & Fleming, A. R. (2014). Secondary transition personnel preparation in rehabilitation counselor education programs. *Rehabilitation Research, Policy, and Education*, 28(1), 33-44. <http://dx.doi.org/10.1891/2168-6653.28.1.33>
- Reeves, S. L., Henderson, M. D., Cohen, G. L., Steingut, R. R., Hirschi, Q., & Yeager, D. S. (2021). Psychological affordances help explain where a self-transcendent purpose intervention improves performance. *Journal of Personality and Social Psychology*, 120(1), 1. <https://doi.org/10.1037/pspa0000246>
- Redelmeier, D. A., Ferris, L. E., Tu, J. V., Hux, J. E., & Schull, M. J. (2001). Problems for clinical judgement: introducing cognitive psychology as one more basic science. *Cancer Medical Association Journal* 164(3), 358-360.
- Repetto, J. B., White, W. J., & Snauwaert, D. T. (1990). Individualized transition plans (ITP): A national perspective. *Career Development for Exceptional Individuals*, 13(2), 109-119. <https://doi.org/10.1177/088572889001300202>
- Reynolds, S. & Streiner, D.(1998). Why we do not abstract analogue studies of treatment outcome and scale development. *Evidence-Based Mental Health Notebook* 101. 1(4)
- Riesen, T., Keeton, B., Hall, S., & Snyder, A. (2021). Building consensus among experts regarding customized job development fidelity descriptors: A Delphi study. *Journal of Rehabilitation*, 87(3), 22-30.

- Riesen, T., & Oertle, K. M. (2019). Developing Work-based Learning Experiences for Students with Intellectual and Developmental Disabilities: A Preliminary Study of Employers' Perspectives. *Journal of Rehabilitation*, 85(2).
- Roe, A., & Lunneborg, P. W. (1990). Personality development and career choice. In D. Brown & L. Brooks, *Career Choice and Development: Applying Contemporary Theories to Practice* (pp. 68–101). Jossey-Bass.
- Riesen, T., Schultz, J., Morgan, R., & Kupferman, S. (2014). School-to-work barriers as identified by special educators, vocational rehabilitation counselors, and community Rehabilitation Professionals. *Journal of Rehabilitation*, 80(1).
- Rooney-Kron, M., & Dymond, S. K. (2021). Teacher perceptions of barriers to providing work-based learning experiences. *Career Development and Transition for Exceptional Individuals*, 44(4), 229-240.
- Rosenthal, D. (1993). Perceptions of African-American versus white clients by rehabilitation counselors in training: A study of stereotypes and clinical judgement. (Doctoral dissertation). University of Wisconsin--Madison.
- Rosenthal, D. A. (2004). Effects of client race on clinical judgment of practicing European American vocational rehabilitation counselors. *Rehabilitation Counseling Bulletin*, 47(3), 131-141. <https://doi.org/10.1177/0034355204047003020>
- Rosenthal, D. A., & Berven, N. L. (1999). Effects of client race on clinical judgment. *Rehabilitation Counseling Bulletin*.
- Rosenthal, D. A., & Kosciulek, J. F. (1996). Clinical judgment and bias due to client race or ethnicity: An overview with implications for rehabilitation counselors. *Journal of Applied Rehabilitation Counseling*, 27(3), 30-36. <https://doi.org/10.1891/0047-2220.27.3.30>

- Ruddick, W. (1999). Hope and deception. *Bioethics*, 13(3-4), 343-357.
<https://doi.org/10.1111/1467-8519.00162>
- Russinova, Z. (1999). Providers' hope-inspiring competence as a factor optimizing psychiatric rehabilitation. *Journal of Rehabilitation*, 65(4), 50-57.
- Russinova, Z., Rogers, E.S., & Ellison, M. (2006). RPRS manual: Recovery-Promoting Relationship Scale. Center for Psychiatric Rehabilitation.
https://www.drugsandalcohol.ie/26837/1/Recovery_Promoting_Relationships_Scale.pdf
- Sanders, K. Y. (2006). Overprotection and lowered expectations of persons with disabilities: The unforeseen consequences. *Work*, 27(2), 181-188.
- Salzberg, S. (2003). *Faith: Trusting your Own Deepest Experience*. Penguin.
- Sax, L. J., Gilmartin, S. K., & Bryant, A. N. (2003). Assessing response rates and nonresponse bias in web and paper surveys. *Research in Higher Education*, 44, 409.
- Stankov, L., Kleitman, S., & Jackson, S. A. (2015). Measures of the trait of confidence. *Measures Of Personality And Social Psychological Constructs*, 158-189.
<https://doi.org/10.1016/B978-0-12-386915-9.00007-3>
- Shaewitz, D. M., & Yin, M. (2021). Serving All Consumers: Identifying Racial Disparities in the Vocational Rehabilitation System. Policy Brief. Institute for Educational Leadership.
<https://files.eric.ed.gov/fulltext/ED617547.pdf>
- Schafer, J.L. (1999). Multiple Imputation: A primer. *Statistical Methods in Medical Research*, 8, 3-15. <https://doi.org/10.1177/096228029900800102>
- Shogren, K. A., & Ward, M. J. (2018). Promoting and enhancing self-determination to improve the post-school outcomes of people with disabilities. *Journal of Vocational Rehabilitation*, 48(2), 187-196. <https://doi.org/10.3233/JVR-180935>

- Smart, J. (2016). *Disability, Society, and the Individual*. PRO-ED, Inc.
- Snyder, C. R., Cheavens, J., & Simpson, S. C. (1997). Hope: An individual motive for social commerce. *Group dynamics: Theory, research, and practice*, 1(2), 107.
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., ... & Harney, P. (1991). The will and the ways: development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60(4), 570. <https://doi.org/10.1037//0022-3514.60.4.570>
- Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, 4, 249–275. https://doi.org/10.1207/s15327965pli1304_01
- Snyder, C. R., Irving, L. M., & Anderson, J. R. (1991). Hope and health. *Handbook of Social and Clinical psychology: The Health Perspective*, 162, 285-305.
- Spengler, P. M., Strohmer, D. C., Dixon, D. N., & Shivy, V. A. (1995). A scientist-practitioner model of psychological assessment: Implications for training, practice and research. *The Counseling Psychologist*, 23(3), 506-534. <https://doi.org/10.1177/0011000095233009>
- Stotland, E. (1969). *The Psychology of Hope*. San Francisco, CA: Jossey-Bass.
- Strohmer, D. C., & Leierer, S. J. (2000). Modeling rehabilitation counselor clinical judgment. *Rehabilitation Counseling Bulletin*, 44(1), 3-9. <https://doi.org/10.1177/003435520004400102>
- Super, D. E. (1969). Vocational development theory: Persons, positions, and processes. *The Counseling Psychologist*, 1(1), 2-9.
- Tilson, G., & Simonsen, M. (2013). The personnel factor: Exploring the personal attributes of highly successful employment specialists who work with transition-age youth. *Journal of Vocational Rehabilitation*, 38(2), 125-137. <https://doi.org/10.3233/JVR-130626>

- Truitt, M., Biesecker, B., Capone, G., Bailey, T., Erby, L (2012). The role of hope in adaptation to uncertainty: The experience of caregivers of children with Down syndrome. *Patient Education And Counseling* 87.2 233-238. <https://doi.org/10.1016/j.pec.2011.08.015>
- Tynan, M. C. (2020). Multidimensional tolerance of ambiguity: Construct validity, academic success, and workplace outcomes (Doctoral Dissertation) Iowa State University.
- US Bureau of Labor Statistics. (2024, April) Occupational Outlook Handbook, Rehabilitation Counselors. <https://www.bls.gov/ooh/community-and-social-service/rehabilitation-counselors.htm>.
- US Bureau of Labor Statistics (2024, April). Occupational Employment and Wages, 2023: 21-1015 Rehabilitation Counselors. <https://www.bls.gov/oes/current/oes211015.htm>
- US Bureau of Labor Statistics. (2023, February). Persons with a disability: Labor force characteristics—2022. [Press Release]. <https://www.bls.gov/news.release/pdf/disabl.pdf>
- Vives, M. L., & Feldman Hall, O. (2018). Tolerance to ambiguous uncertainty predicts prosocial behavior. *Nature Communications*, 9(1), 1-9. <https://doi.org/10.1038/s41467-018-04631-9>
- Wagner, M., Newman, L., Cameto, R., Javitz, H., & Valdes, K. (2012). A national picture of parent and youth participation in IEP and transition planning meetings. *Journal of Disability Policy Studies*, 23(3), 140–155. <https://doi.org/10.1177/1044207311425384>
- Walton, G. M., & Yeager, D. S. (2020). Seed and soil: Psychological affordances in contexts help to explain where wise interventions succeed or fail. *Current Directions in Psychological Science*, 29(3), 219-226. <https://doi.org/10.1177/0963721420904453>
- Walton, G. M., & Yeager, D. S. (2023). Wise interventions consider the person and the situation together. *Behavioral & Brain Sciences*, 46. <https://doi.org/10.1017/S0140525X23001176>

- Wampold, B. E. (no date). Qualities and actions of effective therapists: Research suggests that certain psychotherapist characteristics are key to successful treatment. Retrieved from <http://www.apa.org/education/ce/effective-therapists.pdf>
- Ward, M. I. (1988). The many facets of self-determination. NICHCY Transition Summary. National Center for Children and Youth with Disabilities, 5, 2-3.
- Ward, M.J. (2005). An historical perspective of self-determination in special education: Accomplishments and challenges. *Research & Practice for Persons with Severe Disabilities*, 30 (3), 108-112. <https://doi.org/10.2511/rpsd.30.3.108>
- Warf, B. (2010). Positionality. In *Encyclopedia of Geography* (Vol. 1, pp. 2258–2258). SAGE. <https://doi.org/10.4135/9781412939591.n913>
- Wehman, P., Tansey, T., Taylor, J. P., Parent-Johnson, W., Whittenburg, H., & Averill, J. (2024). Building a foundation for competitive integrated employment: What does the future hold for Pre-employment Transition Services. *Journal of Vocational Rehabilitation*, 60(2), 263-272.
- Wehman, P., Sima, A. P., Ketchum, J., West, M. D., Chan, F., & Luecking, R. (2015). Predictors of successful transition from school to employment for youth with disabilities. *Journal of Occupational Rehabilitation*, 25, 323-334. <https://doi.org/10.1007/s10926-014-9541-6>
- Wehmeyer, M. L., & Gragoudas, S. (2004). Centers for independent living and transition-age youth: Empowerment and self-determination. *Journal of Vocational Rehabilitation*, 20(1), 53-58.
- Wehmeyer, M. L., & Palmer, S. B. (2003). Adult outcomes for students with cognitive disabilities three years after high school: The impact of self-determination. *Education and Training in Developmental Disabilities*, 38, 131–144.

- Wehmeyer, M. L., & Schwartz, M. (1997). Self-determination and positive adult outcomes: A follow-up study of youth with mental retardation or learning disabilities. *Exceptional Children*, 63, 245-255. <https://doi.org/10.1177/001440299706300207>
- Weingarten, K. (2010). Reasonable hope: Construct, clinical applications, and supports. *Family Process*, 49(1), 5-25. <https://doi.org/10.1111/j.1545-5300.2010.01305.x>
- Will, M. (1984). OSERS programming for the transition of youth with disabilities: Bridges from school to working life. <https://files.eric.ed.gov/fulltext/ED256132.pdf>
- Whittenburg, H. N., Rooney-Kron, M., Carlson, S. R., Malouf, E. T., & Taylor, J. P. (2023). Use of research-based transition recommendations for youth with disabilities in Workforce Innovation and Opportunity Act plans. *Rehabilitation Counseling Bulletin*, 00343552231155218.
- Wright, B.A.(1975). Sensitizing outsiders to the position of the insider. *Rehabilitation Psychology*. 22(2) 129-135.
- Wright, B. A., & Shontz, F. C. (1968). Process and tasks in hoping. *Rehabilitation Literature*. 29(11), 322–333.
- Wright-McDougal, J. J., & Toriello, P. J. (2013). Ethical implications of confirmation bias in the rehabilitation counseling relationship. *Journal of Applied Rehabilitation Counseling*, 44(2), 3-10. <https://doi.org/10.1891/0047-2220.44.2.3>
- Yager, J., Kay, J., & Kelsay, K. (2021). Clinicians' cognitive and affective biases and the practice of psychotherapy. *American Journal of Psychotherapy*, 74(3), 119-126. <https://doi.org/10.1176/appi.psychotherapy.20200025>
- Yeager, D. S., Carroll, J. M., Buontempo, J., Cimpian, A., Woody, S., Crosnoe, R., ... & Dweck, C. S. (2022). Teacher mindsets help explain where a growth-mindset intervention does

and doesn't work. *Psychological Science*, 33(1), 18-32.

<https://doi.org/10.1177/09567976211028984>

Yurtsever, G. (2000). Ethical beliefs and tolerance of ambiguity. *Social Behavior and Personality: An International Journal*, 28(2), 141-148.

<https://doi.org/10.2224/sbp.2000.28.2.141>

Zinn, H.(2014). The optimism of uncertainty. *The Impossible Will Take a Little While: Perseverance and Hope in Troubled Times*, ed. Paul R. Loeb. Basic Books, p. 85.

Appendices

Appendix A

Institutional Review Board Approval



Minimal Risk Research IRB 9/1/2023

Submission ID number: 2023-1168
 Title: The Clinical Judgment of Rehabilitation Counselors Who Work with Transition-Aged Youth
 Principal Investigator: Jina Chun
 Point-of-contact: Constance Anne Richard
 IRB Staff Reviewer: Olyvia Kuchta

The MRR IRB conducted a review of the above referenced initial application. The study was determined to meet the criteria for exempt human subjects in accordance with the following category(ies) as defined under 45 CFR 46:

(2)(ii) Tests, surveys, interviews, or observation (low risk)

If this study falls under VA regulations, you must get final approval from the VA Research & Development Committee prior to starting research activities.

NOTE: If the research under this exemption application becomes subject to FDA regulations, or other changes are made that could affect the exemption status, you must contact the IRB as the IRB's exemption determination may no longer apply.

You have identified the following financial sources to support the research activities in this IRB application:

None.

If this information is incorrect, please submit a change to modify your application as appropriate. To access the materials the IRB reviewed and accepted as part of the exemption determination, please log in to your ARROW account and view the documents tab in the submission's workspace.

Although the human subjects research described in the ARROW application referenced above was determined to meet the federal criteria for exemption and thus does not require continuing review, please be aware of your responsibilities related to the conduct of the research and when additional IRB review is required. Prior to starting research activities, please review the Principal Investigator and Study Team Responsibilities in the Investigator Manual, which includes a

description of the types of changes that must be submitted to ensure the research continues to comply with the conditions of the exemption and/or category(ies) of exemption.

If you have general questions, please contact the Minimal Risk Research IRB at 608-2632362. For questions related to this submission, contact the assigned staff reviewer.

Appendix B
Low Hope Case Materials

INSTRUCTIONS:

A case will be presented to you and questions will be asked about your perceptions of Emilio Rodriguez, who is interested in obtaining a job. Assume that this describes a real case that has been referred for Vocational Rehabilitation Services.

Attached are the following documents which were available to the rehabilitation counselor:

- a) an application for state rehabilitation,
- (b) an intake interview script depicting the initial stage of the vocational rehabilitation interview,
- (c) an individualized education plan,
- (d) high school transcripts, and
- (e) a disorderly conduct police report.

PLEASE READ ALL OF THE ATTACHED DOCUMENTS THOROUGHLY PRIOR TO COMPLETING THE SET OF RATINGS.

STATE OF CALIFORNIA

DEPARTMENT OF REHABILITATION

Enrollment For Vocational Rehabilitation Services

DR 210 (REV 09/20)

Page 1 of 3

Please complete this form to request vocational rehabilitation services. If you need assistance, a Department of Rehabilitation staff member would be happy to assist you.

***Required Field**

*Last Name: RODRIGUEZ	
*First Name: Eimilo	Middle Name:
Other Name(s) Used:	
Social Security Number: XXX-XX-XXXX	*Date of Birth: 1/10/85
Phone Number: 323-55-1813	
Email: rodriguez05@outlook.com	
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State	
*Street Address: 2421 Esplanade Rd Santa Anita CA 92315	Mailing Address (if different):

What is your race and ethnicity? (check all that may apply)

- American Indian/Alaskan Native Asian Indian Black or African American
 Cambodian Chinese Filipino Guamanian or Chamorro Hawaiian
 Hispanic or Latino Japanese Korean Laotian Other Pacific Islander
 Samoan Vietnamese White Decline to State

***Where do you reside?**

- Private Residence Adult Correctional Facility
 Nursing Home Community Residential Facility or Group Home
 Halfway House Homeless/Shelter
 Rehabilitation Facility Substance Abuse Treatment Center Other

***What is your primary source of money or income?**

- Family and Friends Personal Income
 Public Support (SSI, SSDI, TANF, etc.) All Other Sources

STATE OF CALIFORNIA
Enrollment For Vocational Rehabilitation Services
 DR 210 (REV 07/20)

DEPARTMENT OF REHABILITATION

Page 2 of 3

***Who referred you to the Department of Rehabilitation? Some examples are
 Community Rehabilitation Programs, Community Partners/Schools, Family/Friends,
 Employers, Other State Agencies, and Self-referral.**

MS. Robert my work experience teacher

***What amount of money do you get each month from the following sources?**

SSI Aged _____ SSI Blind _____ SSI Disabled (SSI) _____

Veterans' Disability Benefits at Application _____ SSDI Disabled _____

Temporary Assistance for Needy Families (TANF) _____

General Assistance (State or Local) _____ Workers' Compensation _____

Unemployment Insurance _____ Other Disability _____ Other _____

***What type of medical insurance do you have?**

Affordable Care Act Exchange (Obamacare) Medicare Medicaid/Medi-Cal

Private Insurance Through Other Means Medicare

Private Insurance Through Own Employer Soon None

Private Insurance Through Public Insurance from Other Sources
 Own Employer

***Are you a Veteran?** Yes No

***Did you graduate from High School? (Select from options below)**

Yes, Year? _____ No GED or Equivalent, Year? _____ In High School

If you are in high school, please answer the following questions:

***Do you have an Individualized Education Program (IEP)?** Yes No Not Sure

***Do you have a Section 504 Plan?** Yes No Not Sure

***Describe your disability or disabilities.**

? What ?

STATE OF CALIFORNIA
Enrollment For Vocational Rehabilitation Services
 DR 210 (REV 07/20)

DEPARTMENT OF REHABILITATION

Page 3 of 3

***Describe how your disability(ies) impact you in your daily activities, school, or current or future job.**

I'm just slow - things get stuck in my thinking

***Describe what type of assistance you might require, or how you would like the Department of Rehabilitation to help? Some examples are Job Exploration and Career Counseling, Training, Education, Job Search and Placement Assistance, and Assistive Technology.**

*Ms. Subut says you'll help me find a job.
 I want a JOB.*

Are you or will you be legally authorized to work in the United States? Yes No

By signing below, I am requesting vocational rehabilitation services to seek competitive integrated employment and confirm that the information provided above is accurate to the best of my knowledge.

*Applicant's Signature <i>[Signature]</i>	Date Signed <i>4/20/24</i>
*Parent/Guardian's Signature (required for minor) <i>[Signature]</i>	Date Signed
*Counselor's Signature <i>[Signature]</i>	Date Signed

The California Information Practices Act of 1977 (Civ. Code § 1798.17) and the Federal Privacy Act (5 U.S.C. § 552a) require this notice be provided to individuals when collecting personal information. The information requested on this form is necessary for the limited purposes of determining eligibility for vocational rehabilitation services, identification of individuals, or meeting the Department of Rehabilitation's reporting requirements. (29 U.S.C § 705(2); 34 C.F.R. § 361.38; and Welf. & Inst. Code §§ 19005 and 19011). Please do not provide any personal information on this form that is not requested.

Interview One

Initial Meeting between Emilio Rodriguez and his Rehabilitation Rehab Counselor

Stated Job Goal: A JOB

Disability: SLD

Emilio is a disheveled young man with red eyes, in a ripped Bad Robot t-shirt, stained jeans, a motorcycle jacket, and smells oddly of exhaust. He lives with his mother and three-year-old half-sister in a studio apartment. At the age of 18, Emilio is just entering his senior year in high school. The family receives SNAP (Foodshare), and he has yet to turn in his SSI redetermination forms, although, his mom has asked him to do so. Due to his learning disability, he was held back a year in middle school. His primary disability is dyscalculia, and he also has challenges in reading and writing. In particular, he has deficits in verbal comprehension, working memory, and processing speed. He reads at a fifth-grade level. He speaks Spanish and English, but his mother says that his Spanish is the language of a “little boy”. He does not have a driver’s license but hopes to learn how to drive a motorcycle soon. According to his English and math teachers, he is easily distracted and struggles to turn things in. He was referred to vocational rehabilitation by his transition teacher, Ms. Siebert. She had been trying to connect Emilio with vocational rehabilitation since his sophomore year, but he never showed up to any of numerous appointments. He also has a history of being truant and has been suspended. It appeared that he would miss again today, but he showed up fifteen minutes late to the meeting.

Rehab Counselor: Hi Emilio. How are you today?

Emilio: I’m good.

Rehab Counselor: I’m glad that we’re finally able to meet.

Emilio: Yeah.

Rehab Counselor: Do you know why Mrs. Siebert referred you?

Emilio[rolling his eyes]: You’re gonna give me a job.

Rehab Counselor: I’ll help you find a job.

Emilio [narrows his eyes]: That’s not Ms. Siebert said.

Rehab Counselor: Well, I am going to help. So, I’m going to ask you a series of question. If you can, answer them as completely as possible that would be great. Ok?

Emilio: Long pause.

Rehab Counselor: Emilio, is that ok?

Emilio: Yeah...I'll answer.

Rehab Counselor: The first question, Emilio is what is your disability?

Emilio, squints his eyes: I don't have a disability.... Why?

Rehab Counselor: I need to know about your functional limitations. What are they?

Emilio: I'm *totally* functioning.

Rehab Counselor: How does your learning disability impact you?

Emilio: Emilio shrugs and is quiet. He picks up a pen that's on the desk. His fingers are dirty,

Rehab Counselor: Are there things that are hard to do?

Emilio [stares at the Rehab Counselor]: Hard?

Rehab Counselor: Yes, hard.

Emilio [starts to doodle what looks to be a motorcycle riding robot on top of the desk]: No. I'm not in honors classes or things like that... but who would want to be with those nerds. I want to be with my boys for Math and English because it sucks without them.

Rehab Counselor: So what are your difficulties with school?

Emilio shifts in his chair, looks at the Rehab Counselor in the eye, shakes his head, his hand swipes across his neck like he's cutting his throat, and asks: What did Ms. Siebert say. She mentioned that crap with Schiller, didn't she?

Rehab Counselor: She just wrote that she was referring you, one of her students to me. Do you want to tell me what happened with Schiller?

Emilio: Why would I want to tell you?

Rehab Counselor: Ok... Can you tell me why you don't like being in class without your boys?

Emilio: Well...I am not in Math or English classes with my boys. I am in other classes...
[Emilio goes back to drawing on his hand]

Rehab Counselor: Ok...let me ask you another question... What's your favorite school subject and why?

Emilio: PE.

Rehab Counselor: Ok. What's your least favorite school subject and why?

Emilio: You're asking stupid questions, you know.... Math...or English... They're both dull. Mr. Schiller's class is the worse.

Rehab Counselor: How so?

Emilio: He is always in your face about...what's that author's name... he's England... born a long time ago... wrote about a prince killing his girlfriend's dad...?

Rehab Counselor: Shakespeare?

Emilio: Yeah... Mr. Schiller is deep into that. And seriously, I don't get why... Schiller should just chill and watch the *M3GAN*, that girl robot movie, or something. Why can't we talk about that?

Rehab Counselor: Do you have any volunteer experience?

Emilio: What?

Rehab Counselor: Work that you do that you don't get paid for...or just out of the goodness of your heart or for the experience?

Emilio [slaps his hands down on the desk]: Do I have a heart that needs experience? Seriously, what is this crap. Yes, I have suspensions, and yes, I have a record. But as my mom said I should be thankful that I hadn't smoked pot or brought a roach to school that morning. I told her not to worry because I have a medical marijuana ID card, and it's legal. She thinks it not, but what does she *know*.

Rehab Counselor: So.... . Do you have a parole officer?

Emilio: Yeah...

Rehab Counselor: What's his name?

Emilio: Officer Friesen.

Rehab Counselor: Ok...Can I speak to him?

Emilio is silent and starts tapping his hands upper thigh.

Rehab Counselor: So how do you spend your free time?

Emilio: The normal stuff...

Rehab Counselor: Have you worked?

Emilio: Yeah, I've worked helping.... my Primo. He has heart as you said.

Rehab Counselor: What do you do for him?

Emilio (shakes his head): Stuff.

Rehab Counselor: So, what do you want to do?

Emilio [rolls his eyes]: A JOB.

Santa Avilla UNIFIED
INDIVIDUALIZED EDUCATION PROGRAM (IEP)-INFORMATION/ELIGIBILITY

Student Legal Name: Emilio Rodriguez **Legal Suffix:** **Date of Birth:** 1/10/2005 **IEP**

Date: 1/27/2023

Original SpEd Entry Date: 1/26/2011

Next Annual Plan Review:

1/27/2024

Last Eligibility Evaluation: 1/26/2011

Next Eligibility

Evaluation: N/A

MEETING TYPE: Initial Plan Review Eligibility Evaluation

Additional Purpose of Meeting (if needed): Transition Pre-Expulsion Interim Other

Age: 18 year(s) 1 months

Grade: Twelfth grade

Native Language: 00 English

EL Yes No

Redesignated Yes No

Interpreter

Yes No

Student ID: 5692151R

SSID:

District of Special Education Accountability:

Residence School: Yes

Hispanic Ethnicity: Yes No Ethnicity Intentionally Left Blank

Race (regardless of Ethnicity): Race 1. 700 White Race 2. _____

Race 3. _____ Race 4. _____ Race 5. _____ Race Intentionally Left Blank

INDICATE DISABILITY/IES *Note: For initial and triennials IEPs, assessment must be done and discussed by IEP Team before determining eligibility. *Low Incidence Disability*

Primary: Specific Learning Disability (SLD)

Secondary: _____

Not Eligible for Special Education Exiting from Special Education (returned to reg. ed/no longer eligible)

Describe how student's disability affects involvement and progress in general curriculum (or for preschoolers, participation in appropriate activities) *Student meets the eligibility classification of Specific Learning Disability (SLD) in the academic areas of reading comprehension, mathematical reasoning, and math calculation which adversely affects his educational performance and cannot be corrected without special education .*

FOR INITIAL PLACEMENTS ONLY

Has the student received IDEA Coordinated Early Intervening Services (CEIS) using 15% of IDEA funding in the past two years?

Yes No

Date of Initial Referral for Special Education Services: 1/22/2012

Person Initiating the Referral for Special Education service: 20 Teacher

Date District Received Parent Consent: Date of Initial

Meeting to Determine Eligibility:

Santa Avilla Unified

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student Name: Emilio Rodriguez

Birthdate: 1/10/2005

IEP Date: 1/27/23

Strengths/Preferences/Interests

Emilio is a Hispanic young man. He is the water boy for Spartan High soccer team. He learns best when he is engaged and motivated. He anticipates graduating in June 2024.

Parent input and concerns relevant to education progress.

2023: Mom shares same concerns as she did last year; but mom is also concerned about "his math seems to not be progressing."

2022: (Same as last year) concerned with Emilio's ability to stay focused and organized. Feels his memory is not the best.

Physical Education Testing (grades 5, 7, 8, & 9): Emilio passed the Physical Education Test in Spring of 2019.

Preacademic/Academic/Functional Skills

Fall 2022 Semester Grades:

Computer Programming (D) Economics (D)
Computer Graphics (C)
Directed Applied Communications (D) Directed Studies (D)

Teachers report the following:

STRENGTHS

Student works well in group settings when he feels comfortable with his "teammates". He takes on delegated tasks and communicates with his group.

CHALLENGES

Mr. Schiller: *Student* tends to be off task quite often and requires prompting to be on task. His comprehension of questions affects his ability to write using claim, evidence, and reasoning. *Student* needs to work on self-advocating, he won't ask for help or clarifying questions. I usually have to approach him.

Attendance has been problematic.

Mr. Cunningham: Mistakes such as number additions, substitutions, transpositions, omissions, and reversals in writing, reading, and recalling numbers are still very much present in student's work.

Student has difficulty remembering math facts, concepts, rules, formulas, sequences, and procedures. When a visual aid is not present to help with math, student will disengage with assignment.

Student is often times gets lost in his thoughts, and needs prompting to return to the math task at hand.

AREAS OF GROWTH

Student is working on being comfortable participating in class and voicing his academic opinions and thoughts verbally. Truancy issues have been discussed and acknowledged by student.

ANNUAL GOALS:

1. Reading Comprehension: Partially met. 2.: 3. Mathematics structural sequencing: Not Met
3. Repeated Reasoning: Not Met 4. Planning and Organizing: Not met.

Communication Development

Student demonstrates developmentally appropriate communication skills.

Gross/Fine Motor Development

Student demonstrates developmentally appropriate gross and fine motor skills.

Social Emotional/Behavioral

Student is able to appropriately engage and interact with peers.

Vocational

Attendance is an issue. Student has missed ¼ of the Fall Semester 2022. Outreach and a plan to address the truancy issues have been developed.

Adaptive/Daily Living Skills

Student is able to care for his personal hygiene and grooming needs.

For student to receive educational benefit, goals will be written to address the following areas of need:

Reading Comprehension, Assignment Completion , Math sequencing, Repeated Reasoning, Quantitative Reasoning

Santa Avilla Unified Annual Goals and Objectives

Student Name: Emilio Rodriguez

Birthdate: 1/10/2005

IEP Date: 1/27/23

<p>Area of Need: Reading Comprehension</p> <p>Baseline: Current lexile level is 849 which is approximately 5th grade level</p>	<p>Measurable Annual Goal #: 1</p> <p>Goal: By 1/26/2024, student will determine the central idea of a text and analyze its development over the course of the text, including how they interact and build on one another, as measured by an objective written or oral summary of the text on 2 out of 3 trials with 80% accuracy</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard RI.11.12.2. Determine two or more central ideas of a text and analyze their development over the course of the text including how they interact and build on one another to provide a complex analysis, provide an objective summary of the text.</p> <p><input type="checkbox"/> Addresses other education needs resulting from the disability</p> <p><input type="checkbox"/> Linguistically appropriate</p> <p><input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p>Person(s) Responsible: Education Specialist</p>
<p>Area of Need: Math Sequencing</p>	<p>Measurable Annual Goal #: 2</p> <p>Goal: By 1/26/2024, student will use numerical expressions to find and represent equivalent names for fractions, decimals, and percents; use and explain multiplication and division rules to find equivalent fractions and fractions in simplest form; convert between fractions and mixed numbers; convert between fractions, decimals, and percent's.</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard RI.11.12.2.</p> <p><input type="checkbox"/> Addresses other education needs resulting from the disability</p> <p><input type="checkbox"/> Linguistically appropriate</p> <p><input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p>

<p>Area of Need: Repeated Reasoning</p>	<p>Person(s) Responsible: Education Specialist</p> <p>Measurable Annual Goal #: 3 By 1/26/2024 When approaching a difficult or unfamiliar problem, the student will look for regularity in the way he is calculating and use the repetition to generalize a larger math statement. The teacher will see/hear evidence of at least two instances of repetition</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard RI.11.12.2. <input type="checkbox"/> Addresses other education needs resulting from the disability <input type="checkbox"/> Linguistically appropriate</p> <p><input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p>Person(s) Responsible: Education Specialist</p>
<p>Area of Need: Quantitative Reasoning</p>	<p>Measurable Annual Goal #: 4 By 1/26/2024 Given a story problem, this student will identify the quantities relevant in the problem and describe their relationship to one another using sentence frames in 4 out of 5 opportunities</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard RI.11.12.2. <input type="checkbox"/> Addresses other education needs resulting from the disability <input type="checkbox"/> Linguistically appropriate <input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p>Person(s) Responsible: Education Specialist</p>
<p>Area of Need: Assignment Completion</p> <p>Baseline: Assignment completion is an identified area of weakness by student's teacher and himself. Lack of consistent assignment completion has negatively impacted student's academic performance</p>	<p>Measurable Annual Goal #: 5</p> <p>Goal: <i>By 1/26/2024, when given adequate supports (accommodations and services), student will not have more than 2 missing assignments, per class, per quarter as measured by the gradebook for each class</i></p> <p><input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard <input checked="" type="checkbox"/> Addresses other education needs resulting from the disability <input type="checkbox"/> Linguistically appropriate <input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p>Person(s) Responsible: Education Specialist</p>

Student Name Rodriguez, Emilio	Student ID 0300022313	Grade 11	Birthdate 01/10/2005	Counselor Dunlap	Transcript of Student Progress
Parent/guardian name, address, telephone Ana Rodriguez 2121 Esperanza Rd, Apt 4A Santa Avilla, CA 92345 323-555-1873					June 19, 2023 Santa Avilla Unified High School 12005 Memorial Dr. Santa Avilla, CA 92345 323-555-1000
Crs-ID	Course Title.	Mark Att/Cmp	Crs-ID	Course Title.	Mark Att/Cmp
Grade 9 Fall 2020-2021			Grade 10 Spring 2021-2022		
Santa Avilla Unified High School			Santa Avilla Unified High School		
Y0301	English 1	D 5.00. 5.00	Y0301	English 2	D 5.00. 5.00
Y0999	Directed Std	C 5.00. 5.00	Y0899	GeoScience	D 5.00. 5.00
Y0522	Spanish 1	C- 5.00. 5.00	Y0522	Spanish 2	C 5.00. 5.00
Y0600.	Math 1	D- 5.00. 5.00	Y0600.	Math 2	D 5.00. 5.00
Y0714.	PE	B. 5.00. 5.00	Y0714.	Direct Studies	B. 5.00. 5.00
Y0751.	Biology.	D. 5.00. 5.00	Y0751.	World History	D. 5.00. 5.00
Credit Att: 30.00 Cmp 30.00 TGPA 1.57			Credit Att: 30.00 Cmp 30.00 TGPA 1.40		
Grade 9 Fall 2020-2021			Grade 11 Fall 2022 -2023		
Santa Avilla Unified High School			Santa Avilla Unified High School		
Y0301	English 1	D 5.00. 5.00	Y0301	English 3	D 5.00. 5.00
Y0999	Directed Std	C 5.00. 5.00	Y0999	Directed Std	D 5.00. 5.00
Y0522	Spanish 1	C- 5.00. 5.00	Y0522	US History	D 5.00. 5.00
Y0600.	Math 1	D- 5.00. 5.00	Y0600.	Math 3	D- 5.00. 5.00
Y0714.	PE	B. 5.00. 5.00	Y0714.	Tech Ed	C. 5.00. 5.00
Y0751.	Biology.	D. 5.00. 5.00	Y0751.	Computers App	D. 5.00. 5.00
Credit Att: 30.00 Cmp 30.00 TGPA 1.57			Credit Att: 30.00 Cmp 30.00 TGPA 1.12		
Grade 10 Fall 2021-2022			Grade 11 Spring 2022-2023		
Santa Avilla Unified High School			Santa Avilla Unified High School		
Y0301	English 2	D 5.00. 5.00	Y0301	English 3	D 5.00. 5.00
Y0899	GeoScience	D 5.00. 5.00	Y0999	Directed Std	D 5.00. 5.00
Y0522	Spanish 2	C 5.00. 5.00	Y0822	US History	D 5.00. 5.00
Y0600.	Math 2.	D 5.00. 5.00	Y0600.	Math 3	D 5.00. 5.00
Y0714.	PE	B. 5.00. 5.00	Y0714.	Directed St	B. 5.00. 5.00
Y0751.	World History	D. 5.00. 5.00	Y0751.	CTE.	B- 5.00. 5.00
Credit Att: 30.00 Cmp 30.00 TGPA 1.40			Att: 30.00 Cmp 30.00 TGPA 1.62		

Weighted Non-Wgtd			Credit Summary			
Acad GPA (9-12).	1.4600	1.4600	Subject Area	Credit Req'd	Comp	Needed
Acad GPA (10-12).	1.3850	1.3850	English 1	10	10	
Total GPA (9-12)	1.4600	1.4600	English. 2	10	10	
			English 3	10	10	
			English 4	10		10
			World History	10	10	
			US History	10	10	
			Govt	5		5
			Econ	5		5
			Physical Science	10	10.	
			Life Science	10	10	
			Physical Ed	10	10	
			Health	2.5		2.5
			For/Lan/Art/CTE	10	10	
			Electives	65	25	40
			Totals			
District Enter 8/11/2020						
School Enter 8/11/2020						
CLASS of 2024						
State ID# 949012311						

This transcript is unofficial unless

Signed by a school official

Signature _____

Date: _____

California Citation FOR Alcohol/Tobacco/Harassment/ Disorderly Conduct				(For Court Use Only)	
You Are Notified to Appear Is this a mandatory appearance? <input type="checkbox"/> yes <input type="checkbox"/> no (Read the reverse side of this citation for court information) On <u>12/10/22</u> at <u>8:30 am</u> Court Commissioner _____ Circuit Court <u>Safety Bldg/Rm207</u> <u>821 W. State St</u> <u>St. Avilla, CA 92345</u> Plaintiff <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> County OF: <u>St. Avilla</u>		Defendant Name-Last Rodriguez		First Emilio	
		Street address 2121 Esperanza Rd, Apt 4A		Post Office State Zip code Santa Avilla CA 92345	
		Date of Birth 1/10/05	Sex M	Race W	Height 510
				Weight 175	Hair Brown
				Eyes Brown	
		Defendant Violated: (check only 1 violation) <input type="checkbox"/> 125.08a <input type="checkbox"/> 48.983 a <input type="checkbox"/> 181.80 <input type="checkbox"/> 124.08.b <input type="checkbox"/> 48.983.b <input type="checkbox"/> 181.574 <input type="checkbox"/> 125.085 <input type="checkbox"/> 958.83 <input type="checkbox"/> 191.583 <input type="checkbox"/> 125.09 <input type="checkbox"/> 167.83 <input type="checkbox"/> _____			
		Description of Violation: Disorderly Conduct			
Week Day Monday	Month-Day-Year 11/14/22	Time X <input type="checkbox"/> AM 8:30 <input type="checkbox"/> PM	At: _____ County _____ City/Town _____ St Avilla High School 12005 Memorial Dr. Los Angeles. City of St. Avilla		
Name & Address of Parent/Guardian (if minor defendant) Ana Rodriguez. 2121 Esperanza Rd, Apt 4A Santa Avilla			Telephone Number of Parent/Guardian 323-555-2000		
Issuer's signature		ID. No 122	Date citation Issued 11/14/22		

POLICE RECORD	
Date of Deposition	Finding: <input type="checkbox"/> Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/> Default. <input type="checkbox"/> Forfeiture <input type="checkbox"/> Not Guilty \$
Plea: <input type="checkbox"/> Guilty <input type="checkbox"/> No Contest <input type="checkbox"/> Not Guilty	
Other Deposition	
Court Officer	Comments
Incident Report On 11/14/22 at approximately 8:30 am at the principal's office at Spartan HS, I observed Rodriguez refusing to sit in the office chair after he had disrupted his English teacher's work day. Due to disruption and his combative nature, Rodriguez was arrested and transported to St. Avilla's Police Dept. Rodriguez was cited, photographed, advised of his court date, and stipulation process, and released. Rodriguez stated that he was often "in the face" of Mr. Schiller and everything was "bogus." Rodriguez does not have a valid DL and no previous warrants.	

INSTRUCTIONS:

Attached are the following case materials subsequently obtained from Emilio, a transition-age youth who is interested in obtaining a job:

- (a) interview script that discusses the consumer's functional resume
- (b) the consumer's functional resume
- (c) ITP pages from the IEP
- (d) a letter of reference from the TAY's high school transition teacher, and
- (e) a letter of reference from the Emilio's soccer coach
- (f) Person-Centered Plan

PLEASE READ ALL OF THE ATTACHED DOCUMENTS THOROUGHLY PRIOR TO COMPLETING THE SET OF RATINGS.

Interview Two

Second Meeting between Emilio Rodriguez and his Rehabilitation Counselor

Stated Job Goal: A JOB

Disability: SLD

At age 18, Emilio is just starting his senior year in high school. Due to his learning disability, he was held back a year in middle school. His primary disability is dyscalculia, and he also has challenges in reading and writing. Today, he arrived about five minutes early for his appointment with his rehabilitation counselor. He explained that his mom brought him on her motorcycle, and thus he got dropped off early. He also says that he is normally early, except when he rides the bus like last time –or when he gets lost or misestimates the time it takes to walk places. He says he doesn't like to be late which was why he was frustrated at the first meeting. It's also why he wants his own motorcycle, so he'd always be on time to places. He brought his work portfolio that he created with his transition teacher, Ms. Siebert to share with his rehabilitation counselor. He says getting a JOB would be "cool."

Emilio [with slight sheepish gleam in his eyes]: Ms. Siebert told me that I should bring the stuff that we've been working on, and that I should tell you stuff... like why I missed all those appointments. [Emilio pauses. Looks challenging at the counselor and says] My mom was sick... I missed a lot of things.

Rehab Counselor: I'm sorry to hear about your mom. I hope she's better.

Emilio [squints a bit and then smiles]: She is.

Rehab Counselor: What did you bring?

Emilio, who notices that his doodle of a motorcycle riding robot is still on the Rehab counselor's desk and smiles, his first real smile, states: It's a copy of my resume that Ms Sierbert wrote, that Person Centered Plan we did, and letters of rec. I also found the rest of the school paperwork too.

Rehab Counselor: That's great. Thank you.

The Rehab counselor goes to take the papers from Emilio's hand, but Emilio drops them on to the desk. The rehab counselor picks up the resume, and see's that Emilio has delineated his duties working with his Primo's [cousin's] construction company and has soccer water boy as his experience on the resume.

Rehab Counselor: Can you tell me more about your experience as a water boy? How did that come about?

Emilio: I hung around, and Mr. Perez asked if I wanted to be part of the team.

Rehab Counselor: And you did?

Emilio [rolls his eyes]: Of course.

Rehab Counselor: What did you like about it ?

Emilio is quiet for a bit than sighs before he says]: I liked hanging. It's cool. I know what it's like for a lot of them... They're thirsty... They so don't want to disappoint the coach.... It's hard. So we just sort of hang out, and I make sure that they have water and sometimes what's that word... I guess I am the go between them and the coach ... it's not that but it's sort of like that.

Rehab Counselor: The go between? The liaison?

Emilio: Um...no....I am the team's fixer..... I show them how to chill when they get turned up.

Rehab Counselor: And are you still the water boy...?

Emilio [shakes his head like only a teenager can with exasperation]: No. The season ended. But Juan and I still see the math tutor. We both could be better at numbers, and I said I'd go if he'd go. I want to be an official member of the team, and I promised Ma and Mr. Perez that I won't get in trouble again, so I need to get grades up. You know?

Rehab Counselor: Trouble?

Emilio [grimaces]: The team prank. My boys and I tagged our teachers' desks with our initials. It shouldn't have been a big deal because it's not *really* their desks. It's the schools. You know?

But we got suspended. Can you believe that?

Rehab Counselor: I can. Does the tagging relate to your record?

Emilio [shifts in his chair and grimaces]: Sort of... My boys and I got back...we were hanging out in the hall... and Mr. Schiller walked by. He had such an attitude. You know? So, I gave it back. He walked me to the principal's office, and they called the cops on me. It's so bogus. Disorderly conduct. But my man, Friesen ... it will be like it never happened. So, it never happened, right?

Rehab Counselor: So, you're worried that you won't have time in the Fall for soccer.

Emilio [grimaces]: I am. With Siebert's help, I'll get a job at CVS or someplace like that.... She says I only need to work a little bit of hours of week. That I just need to show up and do things. She thinks I will have time, but how does she know that?... I no longer get that extra help from the government. My mom needs money. She was sick. You know... Ms. Siebert says that I won't have to give change or deal with pills or anything like that, so I'm down...

Counselor: Extra help?

Emilio [shifts in his seat]: It had to do with something when I turned 18 or was it 17...The government gave my mom money because I needed extra help to learn... and now they say I don't qualify.

Counselor: Oh... you mean SSI?

Emilio: I guess.

Counselor: You said you're not good with math... Can you tell me a little bit more?

Emilio [with a hesitant grimace]: I get confused. I need to see the formulas. I can't do it my head. I just don't get it in any other way. My primo —my cousin—when I help him out at his construction site, he has measurement templates, and it works. I like working with my primo and learning the way he teached [sic] me.

Counselor: Have you thought more about what you want to for a career?

Emilio: A job would be cool. I'm smart. I take after my mom like that. A JOB is what I want to do.

Emilio Rodriguez

2121 Esperanza Rd, Apt 4A
Santa Avilla, CA 92345
323-555-1873
e.rodriguez05@outlook.com.

EDUCATION

Expected 2024 **High School Diploma**
Spartan High School

SKILLS

Organizational Skills

Supported construction operations, measuring, cutting, and holding pieces of wood for handyman
Monitored, handled, and distributes supplies and tools to increase efficiency of the site
Consistently meets deadlines or finish projects before due dates
Able to effectively plan various events for both varsity and junior varsity mixers

Communication Skills

Bilingual in English and Spanish (spoken)
Communicate with various individuals with a calm and respectful demeanor
Work effectively with people from diverse backgrounds
Exhibit patience, positive attitude, and perseverance

EXPERIENCE

Handyman Assistant East, Avilla's Demolition and Cleanup, Fall 2021—present

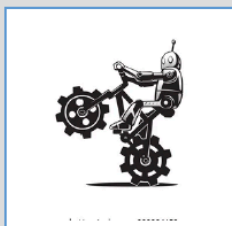
Assisted handyman in providing a wide variety of services including yardwork, landscaping, and interior and exteriors repairs and improvements.
Removed debris and assist with completing repairs to ensure safety of staff and residents
Maintain trash and recycling receptacles around site

Water boy, Spartan High School Soccer Team, Spartan High, Summer 2020- present

Be a positive influence on soccer team members.
Offer assistance with soccer practices
Correspond with the soccer coach
Make sure team has water during practices and games

Summer Camper, Go Robots!, Summer 2022
Attended sessions on Roblox Create

Emilio Rodriguez



Likes:

Soccer, Xbox, Baking, Cooking, Space, Paintball, motorcycles, Computer, Music (pop, hip hop), Outdoors, TV Shows (cops, mysteries), clowns, robots



Strengths/Skills

Athletic, Baking, Good Brother, Good Friend, Internet Research, Internet Shopping, Persistent

Things that make me worried:

Learning, keeping a Job, my mom getting sick

Things that make me frustrated:

Social Stuff, Changes in General, Not being Understood

Job Possibilities:

Lab Maintenance Worker, Hospital Cafeteria Attendant, Lab Stocker and Order Filler, Pharmacy Aide, Motorcycle Mechanic, Radiology Tech, Forensic Tech, Robotic Engineer

My Goals

- Work
- Buy a house for my mom and sister
- Buy a car
- One day, have my own kids

Supports Needed to Meet My Goals

- Help to improve my: short term memory, reading, writing, and math
- Therapy
- Gain work experience

**WE AIM ABOVE
THE MARK TO
HIT THE MARK**

Ralph Waldo Emerson

PICTUREQUOTES.COM

My Family's Vision for Me

Live Independently
Reach for the Stars

Anne Siebert
Spartan High School
12005 Memorial Dr.
St. Avilla, CA 92345
a.siebert@spartanhs.gov

April 10, 2023

Dear Hiring Manager

Emilio Rodriguez has worked with me in the Spartan High School work experience program for two years. I am writing this letter of recommendation to highly recommend him as a stock associate for CVS.

Unfortunately, due to his mother's illness and the need to take care of his little sister, his work experience is limited to being the Spartan's soccer teams water boy, but his mother is now well and he is highly motivated to secure employment at CVS. In fact, we have been talking about the opportunity to work in a pharmacy since I have known him.

Emilio is conscientious, hard worker. He has proven that he is capable and always willing to learn or take on new and sometimes difficult challenges. With his work as a water boy, he has experience working independently in a fast-paced environment. He is easy to get along with and enjoys working as part of a time.

Please feel free to contact me at 323-555-1259 should you wish to discuss Emilio's qualifications and experience further. I would be happy to expand my recommendation.

Sincerely,



Anne Siebert
Work Experience Teacher
Spartan High School
323-555-1259

Richard Perez
Soccer Coach
Spartan High School
12005 Memorial Dr.
St. Avilla, CA 92345

RE: Emilio Rodriguez

To Whom It May Concern:

I am very pleased to write this strong letter of support and recommendation for Emilio Rodriguez. I am the soccer coach at Spartan High, and I have known Emilio for three years.

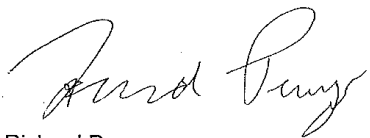
I have been his mentor, coach, supervisor, and teacher. He is a young man with great drive, intelligence, and composure. He has lived a good life and is a role model and success story for individuals who have learning differences.

Emilio has excelled a water-boy, which can often be a thankless job. Due to his dedication—he has never missed a game or practice in the last three years—the members of both the junior varsity and varsity teams see him as a member of the team. He demonstrates a capacity to calm the hot heads on the team.

He comes from a supportive family and has had great work experience and demonstrated outstanding work ethic. I am confident he has what it will take to be an outstanding employee.

If there is more information that I can provide please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard Perez".

Richard Perez
12005 Memorial Dr.
St. Avilla, CA 92345

Appendix C

Moderate Hope Case Materials

INSTRUCTIONS:

A case will be presented to you and questions will be asked about your perceptions of Emilio Rodriguez, who is interested in obtaining a job as a motorcycle mechanic. Assume that this describes a real case that has been referred for Vocational Rehabilitation Services.

Attached are the following documents which were available to the rehabilitation counselor:

- a) an application for state rehabilitation,
- (b) an intake interview script depicting the initial stage of the vocational rehabilitation interview,
- (c) an individualized education plan,
- (d) high school transcripts, and
- (e) a disorderly conduct police report.

PLEASE READ ALL OF THE ATTACHED DOCUMENTS THOROUGHLY PRIOR TO COMPLETING THE SET OF RATINGS.

STATE OF CALIFORNIA

DEPARTMENT OF REHABILITATION

Enrollment For Vocational Rehabilitation Services

DR 210 (REV 09/20)

Page 1 of 3

Please complete this form to request vocational rehabilitation services. If you need assistance, a Department of Rehabilitation staff member would be happy to assist you.

***Required Field**

*Last Name: RODRIGUEZ	
*First Name: Eimilo	Middle Name:
Other Name(s) Used:	
Social Security Number: XXX-XX-XXXX	*Date of Birth: 1/10/85
Phone Number: 323-55-1813	
Email: rodriguez05@outlook.com	
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State	
*Street Address: 242 Esplanade Rd Santa Anita CA 92315	Mailing Address (if different):

What is your race and ethnicity? (check all that may apply)

- American Indian/Alaskan Native Asian Indian Black or African American
 Cambodian Chinese Filipino Guamanian or Chamorro Hawaiian
 Hispanic or Latino Japanese Korean Laotian Other Pacific Islander
 Samoan Vietnamese White Decline to State

***Where do you reside?**

- Private Residence Adult Correctional Facility
 Nursing Home Community Residential Facility or Group Home
 Halfway House Homeless/Shelter
 Rehabilitation Facility Substance Abuse Treatment Center Other

***What is your primary source of money or income?**

- Family and Friends Personal Income
 Public Support (SSI, SSDI, TANF, etc.) All Other Sources

STATE OF CALIFORNIA
Enrollment For Vocational Rehabilitation Services
 DR 210 (REV 07/20)

DEPARTMENT OF REHABILITATION

Page 2 of 3

***Who referred you to the Department of Rehabilitation? Some examples are
 Community Rehabilitation Programs, Community Partners/Schools, Family/Friends,
 Employers, Other State Agencies, and Self-referral.**

MS. COLBERT my work experience teacher

***What amount of money do you get each month from the following sources?**

SSI Aged _____ SSI Blind _____ SSI Disabled (SSI) _____

Veterans' Disability Benefits at Application _____ SSDI Disabled _____

Temporary Assistance for Needy Families (TANF) _____

General Assistance (State or Local) _____ Workers' Compensation _____

Unemployment Insurance _____ Other Disability _____ Other _____

***What type of medical insurance do you have?**

Affordable Care Act Exchange (Obamacare) Medicare Medicaid/Medi-Cal

Private Insurance Through Other Means Medicare

Private Insurance Through Own Employer Soon None

Private Insurance Through Public Insurance from Other Sources
 Own Employer

***Are you a Veteran?** Yes No

***Did you graduate from High School? (Select from options below)**

Yes, Year? _____ No GED or Equivalent, Year? _____ In High School

If you are in high school, please answer the following questions:

***Do you have an Individualized Education Program (IEP)?** Yes No Not Sure

***Do you have a Section 504 Plan?** Yes No Not Sure

***Describe your disability or disabilities.**

? What ?

***Describe how your disability(ies) impact you in your daily activities, school, or current or future job.**




I'm just slow - things get stuck in my thinking

***Describe what type of assistance you might require, or how you would like the Department of Rehabilitation to help? Some examples are Job Exploration and Career Counseling, Training, Education, Job Search and Placement Assistance, and Assistive Technology.**

Ms. Subst says you'll help me become a motorcycle mechanic. I want to be a motorcycle mechanic!

Are you or will you be legally authorized to work in the United States? Yes No

By signing below, I am requesting vocational rehabilitation services to seek competitive integrated employment and confirm that the information provided above is accurate to the best of my knowledge.

*Applicant's Signature 	Date Signed <i>6/22/23</i>
*Parent/Guardian's Signature (required for minor) 	Date Signed
*Counselor's Signature 	Date Signed

The California Information Practices Act of 1977 (Civ. Code § 1798.17) and the Federal Privacy Act (5 U.S.C. § 552a) require this notice be provided to individuals when collecting personal information. The information requested on this form is necessary for the limited purposes of determining eligibility for vocational rehabilitation services, identification of individuals, or meeting the Department of Rehabilitation's reporting requirements. (29 U.S.C § 705(2); 34 C.F.R. § 361.38; and Welf. & Inst. Code §§ 19005 and 19011). Please do not provide any personal information on this form that is not requested.

Interview One

Initial Meeting between Emilio Rodriguez and his Rehabilitation Rehab Counselor

Stated Job Goal: Motorcycle Mechanic

Disability: SLD

Emilio is a disheveled young man with red eyes, in a ripped Bad Robot t-shirt, stained jeans, a motorcycle jacket, and smells oddly of exhaust. He lives with his mother and three-year-old half-sister in a studio apartment. At the age of 18, Emilio is just entering his senior year in high school. The family receives SNAP (Foodshare), and he has yet to turn in his SSI redetermination forms, although, his mom has asked him to do so. Due to his learning disability, he was held back a year in middle school. His primary disability is dyscalculia, and he also has challenges in reading and writing. In particular, he has deficits in verbal comprehension, working memory, and processing speed. He reads at a fifth-grade level. He speaks Spanish and English, but his mother says that his Spanish is the language of a “little boy”. He does not have a driver’s license but hopes to learn how to drive a motorcycle soon. According to his English and math teachers, he is easily distracted and struggles to turn things in. He was referred to vocational rehabilitation by his transition teacher, Ms. Siebert. She had been trying to connect Emilio with vocational rehabilitation since his sophomore year, but he never showed up to any of numerous appointments. He also has a history of being truant and has been suspended. It appeared that he would miss again today, but he showed up fifteen minutes late to the meeting.

Rehab Counselor: Hi Emilio. How are you today?

Emilio: I’m good.

Rehab Counselor: I’m glad that we’re finally able to meet.

Emilio: Yeah.

Rehab Counselor: Do you know why Mrs. Siebert referred you?

Emilio[rolling his eyes]: You’re gonna give me a job as a motorcycle mechanic.

Rehab Counselor: I’ll help you find a job.

Emilio [narrows his eyes]: That’s not Ms. Siebert said.

Rehab Counselor: Well, I am going to help. So, I’m going to ask you a series of question. If you can, answer them as completely as possible that would be great. Ok?

Emilio: Long pause.

Rehab Counselor: Emilio, is that ok?

Emilio: Yeah...I'll answer.

Rehab Counselor: The first question, Emilio is what is your disability?

Emilio, squints his eyes: I don't have a disability.... Why?

Rehab Counselor: I need to know about your functional limitations. What are they?

Emilio: I'm *totally* functioning.

Rehab Counselor: How does your learning disability impact you?

Emilio: Emilio shrugs and is quiet. He picks up a pen that's on the desk. His fingers are dirty,

Rehab Counselor: Are there things that are hard to do?

Emilio [stares at the Rehab Counselor]: Hard?

Rehab Counselor: Yes, hard.

Emilio [starts to doodle what looks to be a motorcycle riding robot on top of the desk]: No. I'm not in honors classes or things like that... but who would want to be with those nerds. I want to be with my boys for Math and English because it sucks without them.

Rehab Counselor: So what are your difficulties with school?

Emilio shifts in his chair, looks at the Rehab Counselor in the eye, shakes his head, his hand swipes across his neck like he's cutting his throat, and asks: What did Ms. Siebert say. She mentioned that crap with Schiller, didn't she?

Rehab Counselor: She just wrote that she was referring you, one of her students to me. Do you want to tell me what happened with Schiller?

Emilio: Why would I want to tell you?

Rehab Counselor: Ok... Can you tell me why you don't like being in class without your boys?

Emilio: Well...I am not in Math or English classes with my boys. I am in other classes...
[Emilio goes back to drawing on his hand]

Rehab Counselor: Ok...let me ask you another question... What's your favorite school subject and why?

Emilio: PE.

Rehab Counselor: Ok. What's your least favorite school subject and why?

Emilio: You're asking stupid questions, you know.... Math...or English... They're both dull. Mr. Schiller's class is the worse.

Rehab Counselor: How so?

Emilio: He is always in your face about...what's that author's name... he's England... born a long time ago... wrote about a prince killing his girlfriend's dad...?

Rehab Counselor: Shakespeare?

Emilio: Yeah... Mr. Schiller is deep into that. And seriously, I don't get why... Schiller should just chill and watch the *M3GAN*, that girl robot movie, or something. Why can't we talk about that?

Rehab Counselor: Do you have any volunteer experience?

Emilio: What?

Rehab Counselor: Work that you do that you don't get paid for...or just out of the goodness of your heart or for the experience?

Emilio [slaps his hands down on the desk]: Do I have a heart that needs experience? Seriously, what is this crap. Yes, I have suspensions, and yes, I have a record. But as my mom said I should be thankful that I hadn't smoked pot or brought a roach to school that morning. I told her not to worry because I have a medical marijuana ID card, and it's legal. She thinks it not, but what does she *know*.

Rehab Counselor: So.... . Do you have a parole officer?

Emilio: Yeah...

Rehab Counselor: What's his name?

Emilio: Officer Friesen.

Rehab Counselor: Ok...Can I speak to him?

Emilio is silent and starts tapping his hands upper thigh.

Rehab Counselor: So how do you spend your free time?

Emilio: The normal stuff...

Rehab Counselor: Have you worked?

Emilio: Yeah, I've worked helping.... my Primo. He has heart as you said.

Rehab Counselor: What do you do for him?

Emilio (shakes his head): Stuff.

Rehab Counselor: So, what do you want to do?

Emilio [rolls his eyes]: A MOTORCYCLE MECHANIC.

Santa Avilla UNIFIED
INDIVIDUALIZED EDUCATION PROGRAM (IEP)-INFORMATION/ELIGIBILITY

Student Legal Name: Emilio Rodriguez **Legal Suffix:** **Date of Birth:** 1/10/2005 IEP

Date: 1/27/2023

Original SpEd Entry Date: 1/26/2011

Next Annual Plan Review:

1/27/2024

Last Eligibility Evaluation: 1/26/2011

Next Eligibility

Evaluation: N/A

MEETING TYPE: Initial Plan Review Eligibility Evaluation

Additional Purpose of Meeting (if needed): Transition Pre-Expulsion Interim Other

Age: 18 year(s) 1 months

Grade: Twelfth grade

Native Language: 00 English

EL Yes No

Redesignated Yes No

Interpreter

Yes No

Student ID: 5692151R

SSID:

District of Special Education Accountability:

Residence School: Yes

Hispanic Ethnicity: Yes No Ethnicity Intentionally Left Blank

Race (regardless of Ethnicity): Race 1. 700 White Race 2. _____

Race 3. _____ Race 4. _____ Race 5. _____ Race Intentionally Left Blank

INDICATE DISABILITY/IES *Note: For initial and triennials IEPs, assessment must be done and discussed by IEP Team before determining eligibility. *Low Incidence Disability*

Primary: Specific Learning Disability (SLD)

Secondary: _____

Not Eligible for Special Education Exiting from Special Education (returned to reg. ed/no longer eligible)

Describe how student's disability affects involvement and progress in general curriculum (or for preschoolers, participation in appropriate activities) *Student meets the eligibility classification of Specific Learning Disability (SLD) in the academic areas of reading comprehension, mathematical reasoning, and math calculation which adversely affects his educational performance and cannot be corrected without special education .*

FOR INITIAL PLACEMENTS ONLY

Has the student received IDEA Coordinated Early Intervening Services (CEIS) using 15% of IDEA funding in the past two years?

Yes No

Date of Initial Referral for Special Education Services: 1/22/2012

Person Initiating the Referral for Special Education service: 20 Teacher

Date District Received Parent Consent: Date of Initial

Meeting to Determine Eligibility:

Santa Avilla Unified

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student Name: Emilio Rodriguez

Birthdate: 1/10/2005

IEP Date: 1/27/23

Strengths/Preferences/Interests

Emilio is a Hispanic young man. He is the water boy for Spartan High soccer team. He learns best when he is engaged and motivated. He anticipates graduating in June 2024.

Parent input and concerns relevant to education progress.

2023: *Mom shares same concerns as she did last year; but mom is also concerned about "his math seems to not be progressing."*

2022: *(Same as last year) concerned with Emilio's ability to stay focused and organized. Feels his memory is not the best.*

Physical Education Testing (grades 5, 7, 8, & 9): Emilio passed the Physical Education Test in Spring of 2019.

Preacademic/Academic/Functional Skills

Fall 2022 Semester Grades:

Computer Programming (D) Economics (D)
Computer Graphics (C)
Directed Applied Communications (D) Directed Studies (D)

Teachers report the following:

STRENGTHS

Student works well in group settings when he feels comfortable with his "teammates". He takes on delegated tasks and communicates with his group.

CHALLENGES

Mr. Schiller: *Student tends to be off task quite often and requires prompting to be on task. His comprehension of questions affects his ability to write using claim, evidence, and reasoning. Student needs to work on self-advocating, he won't ask for help or clarifying questions. I usually have to approach him.*

Attendance has been problematic.

Mr. Cunningham: Mistakes such as number additions, substitutions, transpositions, omissions, and reversals in writing, reading, and recalling numbers are still very much present in student's work.

Student has difficulty remembering math facts, concepts, rules, formulas, sequences, and procedures. When a visual aid is not present to help with math, student will disengage with assignment.

Student is often times gets lost in his thoughts, and needs prompting to return to the math task at hand.

AREAS OF GROWTH

Student is working on being comfortable participating in class and voicing his academic opinions and thoughts verbally. Truancy issues have been discussed and acknowledged by student.

ANNUAL GOALS:

1. Reading Comprehension: Partially met. 2.: 3. Mathematics structural sequencing: Not Met
3. Repeated Reasoning: Not Met 4. Planning and Organizing: Not met.

Communication Development

Student demonstrates developmentally appropriate communication skills.

Gross/Fine Motor Development

Student demonstrates developmentally appropriate gross and fine motor skills.

Social Emotional/Behavioral

Student is able to appropriately engage and interact with peers.

Vocational

Attendance is an issue. Student has missed ¼ of the Fall Semester 2022. Outreach and a plan to address the truancy issues have been developed.

Adaptive/Daily Living Skills

Student is able to care for his personal hygiene and grooming needs.

For student to receive educational benefit, goals will be written to address the following areas of need:

Reading Comprehension, Assignment Completion , Math sequencing, Repeated Reasoning, Quantitative Reasoning

Santa Avilla Unified Annual Goals and Objectives

Student Name: Emilio Rodriguez

Birthdate: 1/10/2005

IEP Date: 1/27/23

<p>Area of Need: Reading Comprehension</p> <p>Baseline: Current lexile level is 849 which is approximately 5th grade level</p>	<p>Measurable Annual Goal #: 1</p> <p>Goal: By 1/26/2024, student will determine the central idea of a text and analyze its development over the course of the text, including how they interact and build on one another, as measured by an objective written or oral summary of the text on 2 out of 3 trials with 80% accuracy</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard RI.11.12.2. Determine two or more central ideas of a text and analyze their development over the course of the text including how they interact and build on one another to provide a complex analysis, provide an objective summary of the text.</p> <p><input type="checkbox"/> Addresses other education needs resulting from the disability</p> <p><input type="checkbox"/> Linguistically appropriate</p> <p><input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p>Person(s) Responsible: Education Specialist</p>
<p>Area of Need: Math Sequencing</p>	<p>Measurable Annual Goal #: 2</p> <p>Goal: By 1/26/2024, student will use numerical expressions to find and represent equivalent names for fractions, decimals, and percents; use and explain multiplication and division rules to find equivalent fractions and fractions in simplest form; convert between fractions and mixed numbers; convert between fractions, decimals, and percent's.</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard RI.11.12.2.</p> <p><input type="checkbox"/> Addresses other education needs resulting from the disability</p> <p><input type="checkbox"/> Linguistically appropriate</p> <p><input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p>

<p>Area of Need: Repeated Reasoning</p>	<p>Person(s) Responsible: Education Specialist</p> <p>Measurable Annual Goal #: 3 By 1/26/2024 When approaching a difficult or unfamiliar problem, the student will look for regularity in the way he is calculating and use the repetition to generalize a larger math statement. The teacher will see/hear evidence of at least two instances of repetition</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard RI.11.12.2. <input type="checkbox"/> Addresses other education needs resulting from the disability <input type="checkbox"/> Linguistically appropriate</p> <p><input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p>Person(s) Responsible: Education Specialist</p>
<p>Area of Need: Quantitative Reasoning</p>	<p>Measurable Annual Goal #: 4 By 1/26/2024 Given a story problem, this student will identify the quantities relevant in the problem and describe their relationship to one another using sentence frames in 4 out of 5 opportunities</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard RI.11.12.2. <input type="checkbox"/> Addresses other education needs resulting from the disability <input type="checkbox"/> Linguistically appropriate <input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p>Person(s) Responsible: Education Specialist</p>
<p>Area of Need: Assignment Completion</p> <p>Baseline: Assignment completion is an identified area of weakness by student's teacher and himself. Lack of consistent assignment completion has negatively impacted student's academic performance</p>	<p>Measurable Annual Goal #: 5</p> <p>Goal: <i>By 1/26/2024, when given adequate supports (accommodations and services), student will not have more than 2 missing assignments, per class, per quarter as measured by the gradebook for each class</i></p> <p><input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard <input checked="" type="checkbox"/> Addresses other education needs resulting from the disability <input type="checkbox"/> Linguistically appropriate <input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p>Person(s) Responsible: Education Specialist</p>

California Citation FOR Alcohol/Tobacco/Harassment/ Disorderly Conduct				(For Court Use Only)	
You Are Notified to Appear Is this a mandatory appearance? <input type="checkbox"/> yes <input type="checkbox"/> no (Read the reverse side of this citation for court information) On <u>12/10/22</u> at <u>8:30 am</u> Court Commissioner _____ Circuit Court <u>Safety Bldg/Rm207</u> <u>821 W. State St</u> <u>St. Avilla, CA 92345</u> Plaintiff <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> County OF: <u>St. Avilla</u>		Defendant Name-Last Rodriguez		First Emilio	
		Street address 2121 Esperanza Rd, Apt 4A		Post Office State Zip code Santa Avilla CA 92345	
		Date of Birth 1/10/05	Sex M	Race W	Height 510
				Weight 175	Hair Brown
				Eyes Brown	
		Defendant Violated: (check only 1 violation) <input type="checkbox"/> 125.08a <input type="checkbox"/> 48.983 a <input type="checkbox"/> 181.80 <input type="checkbox"/> 124.08.b <input type="checkbox"/> 48.983.b <input type="checkbox"/> 181.574 <input type="checkbox"/> 125.085 <input type="checkbox"/> 958.83 <input type="checkbox"/> 191.583 <input type="checkbox"/> 125.09 <input type="checkbox"/> 167.83 <input type="checkbox"/> _____			
		Description of Violation: Disorderly Conduct			
Week Day Monday	Month-Day-Year 11/14/22	Time X <input type="checkbox"/> AM 8:30 <input type="checkbox"/> PM	At: _____ County _____ City/Town _____ St Avilla High School 12005 Memorial Dr. Los Angeles. City of St. Avilla		
Name & Address of Parent/Guardian (if minor defendant) Ana Rodriguez. 2121 Esperanza Rd, Apt 4A Santa Avilla			Telephone Number of Parent/Guardian 323-555-2000		
Issuer's signature		ID. No 122	Date citation Issued 11/14/22		

POLICE RECORD	
Date of Deposition	Finding: <input type="checkbox"/> Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/> Default. <input type="checkbox"/> Forfeiture <input type="checkbox"/> Not Guilty \$
Plea: <input type="checkbox"/> Guilty <input type="checkbox"/> No Contest <input type="checkbox"/> Not Guilty	
Other Deposition	
Court Officer	Comments
Incident Report On 11/14/22 at approximately 8:30 am at the principal's office at Spartan HS, I observed Rodriguez refusing to sit in the office chair after he had disrupted his English teacher's work day. Due to disruption and his combative nature, Rodriguez was arrested and transported to St. Avilla's Police Dept. Rodriguez was cited, photographed, advised of his court date, and stipulation process, and released. Rodriguez stated that he was often "in the face" of Mr. Schiller and everything was "bogus." Rodriguez does not have a valid DL and no previous warrants.	

INSTRUCTIONS:

Attached are the following case materials subsequently obtained from Emilio, a transition-age youth who is interested in being a motorcycle mechanic:

- (a) interview script that discusses the consumer's functional resume
- (b) the consumer's functional resume
- (c) ITP pages from the IEP
- (d) a letter of reference from the TAY's high school transition teacher, and
- (e) a letter of reference from the Emilio's soccer coach
- (f) Person-Centered Plan

PLEASE READ ALL OF THE ATTACHED DOCUMENTS THOROUGHLY PRIOR TO COMPLETING THE SET OF RATINGS.

Interview Two

Second Meeting between Emilio Rodriguez and his Rehabilitation Counselor

Stated Job Goal: Motorcycle Mechanic

Disability: SLD

At age 18, Emilio is just starting his senior year in high school. Due to his learning disability, he was held back a year in middle school. His primary disability is dyscalculia, and he also has challenges in reading and writing. Today, he arrived about five minutes early for his appointment with his rehabilitation counselor. He explained that his mom brought him on her motorcycle, and thus he got dropped off early. He also says that he is normally early, except when he rides the bus like last time –or when he gets lost or misestimates the time it takes to walk places. He says he doesn't like to be late which was why he was frustrated at the first meeting. It's also why he wants his own motorcycle, so he'd always be on time to places. He brought his work portfolio that he created with his transition teacher, Ms. Siebert to share with his rehabilitation counselor. He says being a MOTORCYCLE MECHANIC would be "cool."

Emilio [with slight sheepish gleam in his eyes]: Ms. Siebert told me that I should bring the stuff that we've been working on, and that I should tell you stuff... like why I missed all those appointments. [Emilio pauses. Looks challenging at the counselor and says] My mom was sick... I missed a lot of things.

Rehab Counselor: I'm sorry to hear about your mom. I hope she's better.

Emilio [squints a bit and then smiles]: She is.

Rehab Counselor: What did you bring?

Emilio, who notices that his doodle of a motorcycle riding robot is still on the Rehab counselor's desk and smiles, his first real smile, states: It's a copy of my resume that Ms Sierbert wrote, that Person Centered Plan we did, and letters of rec. I also found the rest of the school paperwork too.

Rehab Counselor: That's great. Thank you.

The Rehab counselor goes to take the papers from Emilio's hand, but Emilio drops them on to the desk. The rehab counselor picks up the resume, and see's that Emilio has delineated his

duties working with his Primo's [cousin's] construction company and has soccer water boy as his experience on the resume.

Rehab Counselor: Can you tell me more about your experience as a water boy? How did that come about?

Emilio: I hung around, and Mr. Perez asked if I wanted to be part of the team.

Rehab Counselor: And you did?

Emilio [rolls his eyes]: Of course.

Rehab Counselor: What did you like about it ?

Emilio is quiet for a bit than sighs before he says]: I liked hanging. It's cool. I know what it's like for a lot of them... They're thirsty... They so don't want to disappoint the coach.... It's hard. So we just sort of hang out, and I make sure that they have water and sometimes what's that word... I guess I am the go between them and the coach ... it's not that but it's sort of like that.

Rehab Counselor: The go between? The liaison?

Emilio: Um...no....I am the team's fixer..... I show them how to chill when they get turned up.

Rehab Counselor: And are you still the water boy...?

Emilio [shakes his head like only a teenager can with exasperation]: No. The season ended. But Juan and I still see the math tutor. We both could be better at numbers, and I said I'd go if he'd go. I want to be an official member of the team, and I promised Ma and Mr. Perez that I won't get in trouble again, so I need to get grades up. You know?

Rehab Counselor: Trouble?

Emilio [grimaces]: The team prank. My boys and I tagged our teachers' desks with our initials. It shouldn't have been a big deal because it's not *really* their desks. It's the schools. You know?

But we got suspended. Can you believe that?

Rehab Counselor: I can. Does the tagging relate to your record?

Emilio [shifts in his chair and grimaces]: Sort of... My boys and I got back...we were hanging out in the hall... and Mr. Schiller walked by. He had such an attitude. You know? So, I gave it back. He walked me to the principal's office, and they called the cops on me. It's so bogus. Disorderly conduct. But my man, Friesen ... it will be like it never happened. So, it never happened, right?

Rehab Counselor: So, you're worried that you won't have time in the Fall for soccer.

Emilio [grimaces]: I am. With Siebert's help, I'll get a job at CVS or someplace like that.... She says I only need to work a little bit of hours of week. That I just need to show up and do things. She thinks I will have time, but how does she know that?... I no longer get that extra help from the government. My mom needs money. She was sick. You know... Ms. Siebert says that I won't have to give change or deal with pills or anything like that, so I'm down...

Counselor: Extra help?

Emilio [shifts in his seat]: It had to do with something when I turned 18 or was it 17...The government gave my mom money because I needed extra help to learn... and now they say I don't qualify.

Counselor: Oh... you mean SSI?

Emilio: I guess.

Counselor: You said you're not good with math... Can you tell me a little bit more?

Emilio [with a hesitant grimace]: I get confused. I need to see the formulas. I can't do it my head. I just don't get it in any other way. My primo –my cousin—when I help him out at his construction site, he has measurement templates, and it works. I like working with my primo and learning the way he teached [sic] me.

Counselor: Have you thought more about what you want to for a career?

Emilio: A motorcycle mechanic would be cool. I'm smart. I take after my mom like that. A **MOTORCYCLE MECHANIC** is what I want to do.

Emilio Rodriguez

2121 Esperanza Rd, Apt 4A
 Santa Avilla, CA 92345
 323-555-1873
 e.rodriguez05@outlook.com.

EDUCATION

Expected 2024 **High School Diploma**
Spartan High School

SKILLS

Organizational Skills

Supported construction operations, measuring, cutting, and holding pieces of wood for handyman
 Monitored, handled, and distributes supplies and tools to increase efficiency of the site
 Consistently meets deadlines or finish projects before due dates
 Able to effectively plan various events for both varsity and junior varsity mixers

Communication Skills

Bilingual in English and Spanish (spoken)
 Communicate with various individuals with a calm and respectful demeanor
 Work effectively with people from diverse backgrounds
 Exhibit patience, positive attitude, and perseverance

EXPERIENCE

Handyman Assistant East, Avilla's Demolition and Cleanup, Fall 2021—present

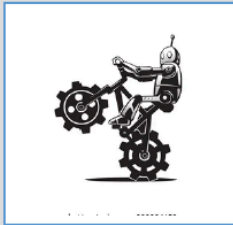
Assisted handyman in providing a wide variety of services including yardwork, landscaping, and interior and exteriors repairs and improvements.
 Removed debris and assist with completing repairs to ensure safety of staff and residents
 Maintain trash and recycling receptacles around site

Water boy, Spartan High School Soccer Team, Spartan High, Summer 2020- present

Be a positive influence on soccer team members.
 Offer assistance with soccer practices
 Correspond with the soccer coach
 Make sure team has water during practices and games

Summer Camper, Go Robots!, Summer 2022
 Attended sessions on Roblox Create

Emilio Rodriguez



Likes:
Soccer, Xbox, Baking, Cooking, Space, Paintball, motorcycles, Computer, Music (pop, hip hop), Outdoors, TV Shows (cops, mysteries), clowns, robots



Strengths/Skills
Athletic, Baking, Good Brother, Good Friend, Internet Research, Internet Shopping, Persistent

Things that make me worried:
Learning, keeping a Job, my mom getting sick

Things that make me frustrated:
Social Stuff, Changes in General, Not being Understood

Job Possibilities:
Lab Maintenance Worker, Hospital Cafeteria Attendant, Lab Stocker and Order Filler, Pharmacy Aide, Motorcycle Mechanic, Radiology Tech, Forensic Tech, Robotic Engineer

My Goals

- Work
- Buy a house for my mom and sister
- Buy a car
- One day, have my own kids

Supports Needed to Meet My Goals

- Help to improve my: short term memory, reading, writing, and math
- Therapy
- Gain work experience



My Family's Vision for Me
Live Independently
Reach for the Stars

Anne Siebert
Spartan High School
12005 Memorial Dr.
St. Avilla, CA 92345
a.siebert@spartanhs.gov

April 10, 2023

Dear Hiring Manager

Emilio Rodriguez has worked with me in the Spartan High School work experience program for two years. I am writing this letter of recommendation to highly recommend him as a stock associate for CVS.

Unfortunately, due to his mother's illness and the need to take care of his little sister, his work experience is limited to being the Spartan's soccer teams water boy, but his mother is now well and he is highly motivated to secure employment at CVS. In fact, we have been talking about the opportunity to work in a pharmacy since I have known him.

Emilio is conscientious, hard worker. He has proven that he is capable and always willing to learn or take on new and sometimes difficult challenges. With his work as a water boy, he has experience working independently in a fast-paced environment. He is easy to get along with and enjoys working as part of a time.

Please feel free to contact me at 323-555-1259 should you wish to discuss Emilio's qualifications and experience further. I would be happy to expand my recommendation.

Sincerely,



Anne Siebert
Work Experience Teacher
Spartan High School
323-555-1259

Richard Perez
Soccer Coach
Spartan High School
12005 Memorial Dr.
St. Avilla, CA 92345

RE: Emilio Rodriguez

To Whom It May Concern:

I am very pleased to write this strong letter of support and recommendation for Emilio Rodriguez. I am the soccer coach at Spartan High, and I have known Emilio for three years.

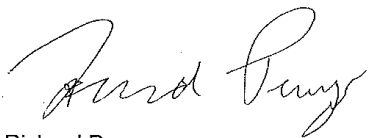
I have been his mentor, coach, supervisor, and teacher. He is a young man with great drive, intelligence, and composure. He has lived a good life and is a role model and success story for individuals who have learning differences.

Emilio has excelled a water-boy, which can often be a thankless job. Due to his dedication—he has never missed a game or practice in the last three years—the members of both the junior varsity and varsity teams see him as a member of the team. He demonstrates a capacity to calm the hot heads on the team.

He comes from a supportive family and has had great work experience and demonstrated outstanding work ethic. I am confident he has what it will take to be an outstanding employee.

If there is more information that I can provide please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard Perez".

Richard Perez
12005 Memorial Dr.
St. Avilla, CA 92345

Appendix D
High Hope Case Materials

INSTRUCTIONS:

A case will be presented to you and questions will be asked about your perceptions of Emilio Rodriguez, who is interested in obtaining a job as a robotic engineer. Assume that this describes a real case that has been referred for Vocational Rehabilitation Services.

Attached are the following documents which were available to the rehabilitation counselor:

- a) an application for state rehabilitation,
- (b) an intake interview script depicting the initial stage of the vocational rehabilitation interview,
- (c) an individualized education plan,
- (d) high school transcripts, and
- (e) a disorderly conduct police report

PLEASE READ ALL OF THE ATTACHED DOCUMENTS THOROUGHLY PRIOR TO COMPLETING THE SET OF RATINGS.

STATE OF CALIFORNIA

DEPARTMENT OF REHABILITATION

Enrollment For Vocational Rehabilitation Services

DR 210 (REV 09/20)

Page 1 of 3

Please complete this form to request vocational rehabilitation services. If you need assistance, a Department of Rehabilitation staff member would be happy to assist you.

***Required Field**

*Last Name: RODRIGUEZ	
*First Name: Eimilo	Middle Name:
Other Name(s) Used:	
Social Security Number: XXX-XX-XXXX	*Date of Birth: 1/10/85
Phone Number: 323-55-1813	
Email: rodriguez05@outlook.com	
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State	
*Street Address: 242 Esplanade Rd Santa Anita CA 92315	Mailing Address (if different):

What is your race and ethnicity? (check all that may apply)

- American Indian/Alaskan Native Asian Indian Black or African American
 Cambodian Chinese Filipino Guamanian or Chamorro Hawaiian
 Hispanic or Latino Japanese Korean Laotian Other Pacific Islander
 Samoan Vietnamese White Decline to State

***Where do you reside?**

- Private Residence Adult Correctional Facility
 Nursing Home Community Residential Facility or Group Home
 Halfway House Homeless/Shelter
 Rehabilitation Facility Substance Abuse Treatment Center Other

***What is your primary source of money or income?**

- Family and Friends Personal Income
 Public Support (SSI, SSDI, TANF, etc.) All Other Sources

***Who referred you to the Department of Rehabilitation? Some examples are Community Rehabilitation Programs, Community Partners/Schools, Family/Friends, Employers, Other State Agencies, and Self-referral.**

MS. COLEBAT my work experience teacher

***What amount of money do you get each month from the following sources?**

SSI Aged _____ SSI Blind _____ SSI Disabled (SSI) _____
Veterans' Disability Benefits at Application _____ SSDI Disabled _____
Temporary Assistance for Needy Families (TANF) _____
General Assistance (State or Local) _____ Workers' Compensation _____
Unemployment Insurance _____ Other Disability _____ Other _____

***What type of medical insurance do you have?**

Affordable Care Act Exchange (Obamacare) Medicare Medicaid/Medi-Cal
 Private Insurance Through Other Means Medicare
 Private Insurance Through Own Employer Soon None
 Private Insurance Through Public Insurance from Other Sources
Own Employer

***Are you a Veteran?** Yes No

***Did you graduate from High School? (Select from options below)**

Yes, Year? _____ No GED or Equivalent, Year? _____ In High School

If you are in high school, please answer the following questions:

***Do you have an Individualized Education Program (IEP)?** Yes No Not Sure

***Do you have a Section 504 Plan?** Yes No Not Sure

***Describe your disability or disabilities.**

? What ?

STATE OF CALIFORNIA
Enrollment For Vocational Rehabilitation Services
 DR 210 (REV 07/20)

DEPARTMENT OF REHABILITATION

Page 3 of 3

***Describe how your disability(ies) impact you in your daily activities, school, or current or future job.**

I'm just slow - things get stuck in my thinking.

***Describe what type of assistance you might require, or how you would like the Department of Rehabilitation to help? Some examples are Job Exploration and Career Counseling, Training, Education, Job Search and Placement Assistance, and Assistive Technology.**

Ms. Gault says you'll help me become a robotic engineer. I want to be a robotic engineer.

Are you or will you be legally authorized to work in the United States? Yes No

By signing below, I am requesting vocational rehabilitation services to seek competitive integrated employment and confirm that the information provided above is accurate to the best of my knowledge.

*Applicant's Signature <i>[Signature]</i>	Date Signed
*Parent/Guardian's Signature (required for minor) <i>[Signature]</i>	Date Signed
*Counselor's Signature <i>[Signature]</i>	Date Signed

The California Information Practices Act of 1977 (Civ. Code § 1798.17) and the Federal Privacy Act (5 U.S.C. § 552a) require this notice be provided to individuals when collecting personal information. The information requested on this form is necessary for the limited purposes of determining eligibility for vocational rehabilitation services, identification of individuals, or meeting the Department of Rehabilitation's reporting requirements. (29 U.S.C § 705(2); 34 C.F.R. § 361.38; and Welf. & Inst. Code §§ 19005 and 19011). Please do not provide any personal information on this form that is not requested.

Interview One

Initial Meeting between Emilio Rodriguez and his Rehabilitation Rehab Counselor

Stated Job Goal: Robotic Engineer

Disability: SLD

Emilio is a disheveled young man with red eyes, in a ripped Bad Robot t-shirt, stained jeans, a motorcycle jacket, and smells oddly of exhaust. He lives with his mother and three-year-old half-sister in a studio apartment. At the age of 18, Emilio is just entering his senior year in high school. The family receives SNAP (Foodshare), and he has yet to turn in his SSI redetermination forms, although, his mom has asked him to do so. Due to his learning disability, he was held back a year in middle school. His primary disability is dyscalculia, and he also has challenges in reading and writing. In particular, he has deficits in verbal comprehension, working memory, and processing speed. He reads at a fifth-grade level. He speaks Spanish and English, but his mother says that his Spanish is the language of a “little boy”. He does not have a driver’s license but hopes to learn how to drive a motorcycle soon. According to his English and math teachers, he is easily distracted and struggles to turn things in. He was referred to vocational rehabilitation by his transition teacher, Ms. Siebert. She had been trying to connect Emilio with vocational rehabilitation since his sophomore year, but he never showed up to any of numerous appointments. He also has a history of being truant and has been suspended. It appeared that he would miss again today, but he showed up fifteen minutes late to the meeting.

Rehab Counselor: Hi Emilio. How are you today?

Emilio: I’m good.

Rehab Counselor: I’m glad that we’re finally able to meet.

Emilio: Yeah.

Rehab Counselor: Do you know why Mrs. Siebert referred you?

Emilio[rolling his eyes]: You’re gonna give me a job as a robotic engineer.

Rehab Counselor: I’ll help you find a job.

Emilio [narrows his eyes]: That’s not Ms. Siebert said.

Rehab Counselor: Well, I am going to help. So, I’m going to ask you a series of question. If you can, answer them as completely as possible that would be great. Ok?

Emilio: Long pause.

Rehab Counselor: Emilio, is that ok?

Emilio: Yeah...I'll answer.

Rehab Counselor: The first question, Emilio is what is your disability?

Emilio squints his eyes: I don't have a disability.... Why?

Rehab Counselor: I need to know about your functional limitations. What are they?

Emilio: I'm *totally* functioning.

Rehab Counselor: How does your learning disability impact you?

Emilio: Emilio shrugs and is quiet. He picks up a pen that's on the desk. His fingers are dirty,

Rehab Counselor: Are there things that are hard to do?

Emilio [stares at the Rehab Counselor]: Hard?

Rehab Counselor: Yes, hard.

Emilio [starts to doodle what looks to be a motorcycle riding robot on top of the desk]: No. I'm not in honors classes or things like that... but who would want to be with those nerds. I want to be with my boys for Math and English because it sucks without them.

Rehab Counselor: So what are your difficulties with school?

Emilio shifts in his chair, looks at the Rehab Counselor in the eye, shakes his head, his hand swipes across his neck like he's cutting his throat, and asks: What did Ms. Siebert say. She mentioned that crap with Schiller, didn't she?

Rehab Counselor: She just wrote that she was referring you, one of her students to me. Do you want to tell me what happened with Schiller?

Emilio: Why would I want to tell you?

Rehab Counselor: Ok... Can you tell me why you don't like being in class without your boys?

Emilio: Well...I am not in Math or English classes with my boys. I am in other classes... [Emilio goes back to drawing on his hand]

Rehab Counselor: Ok...let me ask you another question... What's your favorite school subject and why?

Emilio: PE.

Rehab Counselor: Ok. What's your least favorite school subject and why?

Emilio: You're asking stupid questions, you know.... Math...or English... They're both dull. Mr. Schiller's class is the worse.

Rehab Counselor: How so?

Emilio: He is always in your face about...what's that author's name... he's England... born a long time ago... wrote about a prince killing his girlfriend's dad... ?

Rehab Counselor: Shakespeare?

Emilio: Yeah... Mr. Schiller is deep into that. And seriously, I don't get why... Schiller should just chill and watch the *M3GAN*, that girl robot movie, or something. Why can't we talk about that?

Rehab Counselor: Do you have any volunteer experience?

Emilio: What?

Rehab Counselor: Work that you do that you don't get paid for...or just out of the goodness of your heart or for the experience?

Emilio [slaps his hands down on the desk]: Do I have a heart that needs experience? Seriously, what is this crap. Yes, I have suspensions, and yes, I have a record. But as my mom said I should be thankful that I hadn't smoked pot or brought a roach to school that morning. I told her not to worry because I have a medical marijuana ID card, and it's legal. She thinks it not, but what does she *know*.

Rehab Counselor: So.... Do you have a parole officer?

Emilio: Yeah...

Rehab Counselor: What's his name?

Emilio: Officer Friesen.

Rehab Counselor: Ok...Can I speak to him?

Emilio is silent and starts tapping his hands upper thigh.

Rehab Counselor: So how do you spend your free time?

Emilio: The normal stuff...

Rehab Counselor: Have you worked?

Emilio: Yeah, I've worked helping.... my Primo. He has heart as you said.

Rehab Counselor: What do you do for him?

Emilio (shakes his head): Stuff.

Rehab Counselor: So, what do you want to do?

Emilio [rolls his eyes]: A ROBOTIC ENGINEER

Santa Avilla UNIFIED
INDIVIDUALIZED EDUCATION PROGRAM (IEP)-INFORMATION/ELIGIBILITY

Student Legal Name: Emilio Rodriguez **Legal Suffix:** **Date of Birth:** 1/10/2005 **IEP**

Date: 1/27/2023

Original SpEd Entry Date: 1/26/2011

Next Annual Plan Review:

1/27/2024

Last Eligibility Evaluation: 1/26/2011

Next Eligibility

Evaluation: N/A

MEETING TYPE: Initial Plan Review Eligibility Evaluation

Additional Purpose of Meeting (if needed): Transition Pre-Expulsion Interim Other

Age: 18 year(s) 1 months

Grade: Twelfth grade

Native Language: 00 English

EL Yes No

Redesignated Yes No

Interpreter

Yes No

Student ID: 5692151R

SSID:

District of Special Education Accountability:

Residence School: Yes

Hispanic Ethnicity: Yes No Ethnicity Intentionally Left Blank

Race (regardless of Ethnicity): Race 1. 700 White Race 2. _____

Race 3. _____ Race 4. _____ Race 5. _____ Race Intentionally Left Blank

INDICATE DISABILITY/IES *Note: For initial and triennials IEPs, assessment must be done and discussed by IEP Team before determining eligibility. *Low Incidence Disability*

Primary: Specific Learning Disability (SLD)

Secondary: _____

Not Eligible for Special Education Exiting from Special Education (returned to reg. ed/no longer eligible)

Describe how student's disability affects involvement and progress in general curriculum (or for preschoolers, participation in appropriate activities) *Student meets the eligibility classification of Specific Learning Disability (SLD) in the academic areas of reading comprehension, mathematical reasoning, and math calculation which adversely affects his educational performance and cannot be corrected without special education .*

FOR INITIAL PLACEMENTS ONLY

Has the student received IDEA Coordinated Early Intervening Services (CEIS) using 15% of IDEA funding in the past two years?

Yes No

Date of Initial Referral for Special Education Services: 1/22/2012

Person Initiating the Referral for Special Education service: 20 Teacher

Date District Received Parent Consent: Date of Initial

Meeting to Determine Eligibility:

Santa Avilla Unified

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student Name: Emilio Rodriguez

Birthdate: 1/10/2005

IEP Date: 1/27/23

Strengths/Preferences/Interests

Emilio is a Hispanic young man. He is the water boy for Spartan High soccer team. He learns best when he is engaged and motivated. He anticipates graduating in June 2024.

Parent input and concerns relevant to education progress.

2023: Mom shares same concerns as she did last year; but mom is also concerned about "his math seems to not be progressing."

2022: (Same as last year) concerned with Emilio's ability to stay focused and organized. Feels his memory is not the best.

Physical Education Testing (grades 5, 7, 8, & 9): Emilio passed the Physical Education Test in Spring of 2019.

Preacademic/Academic/Functional Skills

Fall 2022 Semester Grades:

Computer Programming (D) Economics (D)
Computer Graphics (C)
Directed Applied Communications (D) Directed Studies (D)

Teachers report the following:

STRENGTHS

Student works well in group settings when he feels comfortable with his "teammates". He takes on delegated tasks and communicates with his group.

CHALLENGES

Mr. Schiller: *Student* tends to be off task quite often and requires prompting to be on task. His comprehension of questions affects his ability to write using claim, evidence, and reasoning. *Student* needs to work on self-advocating, he won't ask for help or clarifying questions. I usually have to approach him.

Attendance has been problematic.

Mr. Cunningham: Mistakes such as number additions, substitutions, transpositions, omissions, and reversals in writing, reading, and recalling numbers are still very much present in student's work.

Student has difficulty remembering math facts, concepts, rules, formulas, sequences, and procedures. When a visual aid is not present to help with math, student will disengage with assignment.

Student is often times gets lost in his thoughts, and needs prompting to return to the math task at hand.

AREAS OF GROWTH

Student is working on being comfortable participating in class and voicing his academic opinions and thoughts verbally. Truancy issues have been discussed and acknowledged by student.

ANNUAL GOALS:

1. Reading Comprehension: Partially met. 2.: 3. Mathematics structural sequencing: Not Met
3. Repeated Reasoning: Not Met 4. Planning and Organizing: Not met.

Communication Development

Student demonstrates developmentally appropriate communication skills.

Gross/Fine Motor Development

Student demonstrates developmentally appropriate gross and fine motor skills.

Social Emotional/Behavioral

Student is able to appropriately engage and interact with peers.

Vocational

Attendance is an issue. Student has missed ¼ of the Fall Semester 2022. Outreach and a plan to address the truancy issues have been developed.

Adaptive/Daily Living Skills

Student is able to care for his personal hygiene and grooming needs.

For student to receive educational benefit, goals will be written to address the following areas of need:
 Reading Comprehension, Assignment Completion , Math sequencing, Repeated Reasoning, Quantitative Reasoning

**Santa Avilla Unified
 Annual Goals and Objectives**

Student Name: Emilio Rodriguez

Birthdate: 1/10/2005

IEP Date: 1/27/23

<p>Area of Need: Reading Comprehension</p> <p>Baseline: Current lexile level is 849 which is approximately 5th^h grade level</p>	<p>Measurable Annual Goal #: 1</p> <p>Goal: By 1/26/2024, student will determine the central idea of a text and analyze its development over the course of the text, including how they interact and build on one another, as measured by an objective written or oral summary of the text on 2 out of 3 trials with 80% accuracy</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard RI.11.12.2. Determine two or more central ideas of a text and analyze their development over the course of the text including how they interact and build on one another to provide a complex analysis, provide an objective summary of the text.</p> <p><input type="checkbox"/> Addresses other education needs resulting from the disability</p> <p><input type="checkbox"/> Linguistically appropriate</p> <p><input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p>Person(s) Responsible: Education Specialist</p>
<p>Area of Need: Math Sequencing</p>	<p>Measurable Annual Goal #: 2</p> <p>Goal: By 1/26/2024, student will use numerical expressions to find and represent equivalent names for fractions, decimals, and percents; use and explain multiplication and division rules to find equivalent fractions and fractions in simplest form; convert between fractions and mixed numbers; convert between fractions, decimals, and percent's.</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard RI.11.12.2.</p> <p><input type="checkbox"/> Addresses other education needs resulting from the disability</p> <p><input type="checkbox"/> Linguistically appropriate</p> <p><input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p>

<p>Area of Need: Repeated Reasoning</p>	<p>Person(s) Responsible: Education Specialist</p> <p>Measurable Annual Goal #: 3 By 1/26/2024 When approaching a difficult or unfamiliar problem, the student will look for regularity in the way he is calculating and use the repetition to generalize a larger math statement. The teacher will see/hear evidence of at least two instances of repetition</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard RI.11.12.2. <input type="checkbox"/> Addresses other education needs resulting from the disability <input type="checkbox"/> Linguistically appropriate</p> <p><input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p>Person(s) Responsible: Education Specialist</p>
<p>Area of Need: Quantitative Reasoning</p>	<p>Measurable Annual Goal #: 4 By 1/26/2024 Given a story problem, this student will identify the quantities relevant in the problem and describe their relationship to one another using sentence frames in 4 out of 5 opportunities</p> <p><input checked="" type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard RI.11.12.2. <input type="checkbox"/> Addresses other education needs resulting from the disability <input type="checkbox"/> Linguistically appropriate <input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p>Person(s) Responsible: Education Specialist</p>
<p>Area of Need: Assignment Completion</p> <p>Baseline: Assignment completion is an identified area of weakness by student's teacher and himself. Lack of consistent assignment completion has negatively impacted student's academic performance</p>	<p>Measurable Annual Goal #: 5</p> <p>Goal: <i>By 1/26/2024, when given adequate supports (accommodations and services), student will not have more than 2 missing assignments, per class, per quarter as measured by the gradebook for each class</i></p> <p><input type="checkbox"/> Enables student to be involved/progress in general curriculum/state standard <input checked="" type="checkbox"/> Addresses other education needs resulting from the disability <input type="checkbox"/> Linguistically appropriate <input checked="" type="checkbox"/> Transition Goal <input checked="" type="checkbox"/> Education/Training <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p>Person(s) Responsible: Education Specialist</p>

Student Name Rodriguez, Emilio	Student ID 0300022313	Grade 11	Birthdate 01/10/2005	Counselor Dunlap	Transcript of Student Progress	
Parent/guardian name, address, telephone Ana Rodriguez 2121 Esperanza Rd, Apt 4A Santa Avilla, CA 92345 323-555-1873					June 19, 2023 Santa Avilla Unified High School 12005 Memorial Dr. Santa Avilla, CA 92345 323-555-1000	
Crs-ID	Course Title.	Mark	Att/Cmp	Crs-ID	Course Title.	Mark Att/Cmp
Grade 9 Fall 2020-2021			Grade 10 Spring 2021-2022			
Santa Avilla Unified High School			Santa Avilla Unified High School			
Y0301	English 1	D	5.00. 5.00	Y0301	English 2	D 5.00. 5.00
Y0999	Directed Std	C	5.00. 5.00	Y0899	GeoScience	D 5.00. 5.00
Y0522	Spanish 1	C-	5.00. 5.00	Y0522	Spanish 2	C 5.00. 5.00
Y0600.	Math 1	D-	5.00. 5.00	Y0600.	Math 2	D 5.00. 5.00
Y0714.	PE	B.	5.00. 5.00	Y0714.	Direct Studies	B. 5.00. 5.00
Y0751.	Biology.	D.	5.00. 5.00	Y0751.	World History	D. 5.00. 5.00
Credit Att: 30.00 Cmp 30.00 TGPA 1.57			Credit Att: 30.00 Cmp 30.00 TGPA 1.40			
Grade 9 Fall 2020-2021			Grade 11 Fall 2022 -2023			
Santa Avilla Unified High School			Santa Avilla Unified High School			
Y0301	English 1	D	5.00. 5.00	Y0301	English 3	D 5.00. 5.00
Y0999	Directed Std	C	5.00. 5.00	Y0999	Directed Std	D 5.00. 5.00
Y0522	Spanish 1	C-	5.00. 5.00	Y0522	US History	D 5.00. 5.00
Y0600.	Math 1	D-	5.00. 5.00	Y0600.	Math 3	D- 5.00. 5.00
Y0714.	PE	B.	5.00. 5.00	Y0714.	Tech Ed	C. 5.00. 5.00
Y0751.	Biology.	D.	5.00. 5.00	Y0751.	Computers App	D. 5.00. 5.00
Credit Att: 30.00 Cmp 30.00 TGPA 1.57			Credit Att: 30.00 Cmp 30.00 TGPA 1.12			
Grade 10 Fall 2021-2022			Grade 11 Spring 2022-2023			
Santa Avilla Unified High School			Santa Avilla Unified High School			
Y0301	English 2	D	5.00. 5.00	Y0301	English 3	D 5.00. 5.00
Y0899	GeoScience	D	5.00. 5.00	Y0999	Directed Std	D 5.00. 5.00
Y0522	Spanish 2	C	5.00. 5.00	Y0822	US History	D 5.00. 5.00
Y0600.	Math 2.	D	5.00. 5.00	Y0600.	Math 3	D 5.00. 5.00
Y0714.	PE	B.	5.00. 5.00	Y0714.	Directed St	B. 5.00. 5.00
Y0751.	World History	D.	5.00. 5.00	Y0751.	CTE.	B- 5.00. 5.00
Credit Att: 30.00 Cmp 30.00 TGPA 1.40			Att: 30.00 Cmp 30.00 TGPA 1.62			

Weighted Non-Wgtd			Credit Summary			
Acad GPA (9-12).	1.4600	1.4600	Subject Area	Credit Req'd	Comp	Needed
Acad GPA (10-12).	1.3850	1.3850	English 1	10	10	
Total GPA (9-12)	1.4600	1.4600	English. 2	10	10	
			English 3	10	10	
			English 4	10		10
			World History	10	10	
			US History	10	10	
			Govt	5		5
			Econ	5		5
			Physical Science	10	10.	
			Life Science	10	10	
			Physical Ed	10	10	
			Health	2.5		2.5
			For/Lan/Art/CTE	10	10	
			Electives	65	25	40
			Totals			
District Enter 8/11/2020						
School Enter 8/11/2020						
CLASS of 2024						
State ID# 949012311						

This transcript is unofficial unless

Signed by a school official

Signature _____

Date: _____

California Citation FOR Alcohol/Tobacco/Harassment/ Disorderly Conduct				(For Court Use Only)	
You Are Notified to Appear Is this a mandatory appearance? <input type="checkbox"/> yes <input type="checkbox"/> no (Read the reverse side of this citation for court information) On <u>12/10/22</u> at <u>8:30 am</u> Court Commissioner _____ Circuit Court <u>Safety Bldg/Rm207</u> <u>821 W. State St</u> <u>St. Avilla, CA 92345</u> Plaintiff <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> County OF: <u>St. Avilla</u>		Defendant Name-Last Rodriguez		First Emilio	
		Street address 2121 Esperanza Rd, Apt 4A		Post Office State Zip code Santa Avilla CA 92345	
		Date of Birth 1/10/05	Sex M	Race W	Height 510
				Weight 175	Hair Brown
				Eyes Brown	
		Defendant Violated: (check only 1 violation) <input type="checkbox"/> 125.08a <input type="checkbox"/> 48.983 a <input type="checkbox"/> 181.80 <input type="checkbox"/> 124.08.b <input type="checkbox"/> 48.983.b <input type="checkbox"/> 181.574 <input type="checkbox"/> 125.085 <input type="checkbox"/> 958.83 <input type="checkbox"/> 191.583 <input type="checkbox"/> 125.09 <input type="checkbox"/> 167.83 <input type="checkbox"/> _____			
		Description of Violation: Disorderly Conduct			
Week Day Monday	Month-Day-Year 11/14/22	Time X <input type="checkbox"/> AM 8:30 <input type="checkbox"/> PM	At: _____ County _____ City/Town _____ St Avilla High School 12005 Memorial Dr. Los Angeles. City of St. Avilla		
Name & Address of Parent/Guardian (if minor defendant) Ana Rodriguez. 2121 Esperanza Rd, Apt 4A Santa Avilla			Telephone Number of Parent/Guardian 323-555-2000		
Issuer's signature		ID. No 122	Date citation Issued 11/14/22		

POLICE RECORD	
Date of Deposition	Finding: <input type="checkbox"/> Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/> Default. <input type="checkbox"/> Forfeiture <input type="checkbox"/> Not Guilty \$
Plea: <input type="checkbox"/> Guilty <input type="checkbox"/> No Contest <input type="checkbox"/> Not Guilty	
Other Deposition	
Court Officer	Comments
Incident Report On 11/14/22 at approximately 8:30 am at the principal's office at Spartan HS, I observed Rodriguez refusing to sit in the office chair after he had disrupted his English teacher's work day. Due to disruption and his combative nature, Rodriguez was arrested and transported to St. Avilla's Police Dept. Rodriguez was cited, photographed, advised of his court date, and stipulation process, and released. Rodriguez stated that he was often "in the face" of Mr. Schiller and everything was "bogus." Rodriguez does not have a valid DL and no previous warrants.	

INSTRUCTIONS:

Attached are the following case materials subsequently obtained from Emilio, a transition-age youth who is interested in being a robotic engineer:

- (a) interview script that discusses the consumer's functional resume
- (b) the consumer's functional resume
- (c) ITP pages from the IEP
- (d) a letter of reference from the TAY's high school transition teacher, and
- (e) a letter of reference from the Emilio's soccer coach
- (f) Person-Centered Plan

PLEASE READ ALL OF THE ATTACHED DOCUMENTS THOROUGHLY PRIOR TO COMPLETING THE SET OF RATINGS.

Interview Two

Second Meeting between Emilio Rodriguez and his Rehabilitation Counselor

Stated Job Goal: ROBOTIC ENGINEER

Disability: SLD

At age 18, Emilio is just starting his senior year in high school. Due to his learning disability, he was held back a year in middle school. His primary disability is dyscalculia, and he also has challenges in reading and writing. Today, he arrived about five minutes early for his appointment with his rehabilitation counselor. He explained that his mom brought him on her motorcycle, and thus he got dropped off early. He also says that he is normally early, except when he rides the bus like last time –or when he gets lost or misestimates the time it takes to walk places. He says he doesn't like to be late which was why he was frustrated at the first meeting. It's also why he wants his own motorcycle, so he'd always be on time to places. He brought his work portfolio that he created with his transition teacher, Ms. Siebert to share with his rehabilitation counselor. He says being a ROBOTIC ENGINEER would be "cool."

Emilio [with slight sheepish gleam in his eyes]: Ms. Siebert told me that I should bring the stuff that we've been working on, and that I should tell you stuff... like why I missed all those appointments. [Emilio pauses. Looks challenging at the counselor and says] My mom was sick... I missed a lot of things.

Rehab Counselor: I'm sorry to hear about your mom. I hope she's better.

Emilio [squints a bit and then smiles]: She is.

Rehab Counselor: What did you bring?

Emilio, who notices that his doodle of a motorcycle riding robot is still on the Rehab counselor's desk and smiles, his first real smile, states: It's a copy of my resume that Ms Sierbert wrote, that Person Centered Plan we did, and letters of rec. I also found the rest of the school paperwork too.

Rehab Counselor: That's great. Thank you.

The Rehab counselor goes to take the papers from Emilio's hand, but Emilio drops them on to the desk. The rehab counselor picks up the resume, and see's that Emilio has delineated his

duties working with his Primo's [cousin's] construction company and has soccer water boy as his experience on the resume.

Rehab Counselor: Can you tell me more about your experience as a water boy? How did that come about?

Emilio: I hung around, and Mr. Perez asked if I wanted to be part of the team.

Rehab Counselor: And you did?

Emilio [rolls his eyes]: Of course.

Rehab Counselor: What did you like about it ?

Emilio is quiet for a bit than sighs before he says]: I liked hanging. It's cool. I know what it's like for a lot of them... They're thirsty... They so don't want to disappoint the coach.... It's hard. So we just sort of hang out, and I make sure that they have water and sometimes what's that word... I guess I am the go between them and the coach ... it's not that but it's sort of like that.

Rehab Counselor: The go between? The liaison?

Emilio: Um...no....I am the team's fixer..... I show them how to chill when they get turned up.

Rehab Counselor: And are you still the water boy...?

Emilio [shakes his head like only a teenager can with exasperation]: No. The season ended. But Juan and I still see the math tutor. We both could be better at numbers, and I said I'd go if he'd go. I want to be an official member of the team, and I promised Ma and Mr. Perez that I won't get in trouble again, so I need to get grades up. You know?

Rehab Counselor: Trouble?

Emilio [grimaces]: The team prank. My boys and I tagged our teachers' desks with our initials. It shouldn't have been a big deal because it's not *really* their desks. It's the schools. You know?

But we got suspended. Can you believe that?

Rehab Counselor: I can. Does the tagging relate to your record?

Emilio [shifts in his chair and grimaces]: Sort of... My boys and I got back...we were hanging out in the hall... and Mr. Schiller walked by. He had such an attitude. You know? So, I gave it back. He walked me to the principal's office, and they called the cops on me. It's so bogus. Disorderly conduct. But my man, Friesen ... it will be like it never happened. So, it never happened, right?

Rehab Counselor: So, you're worried that you won't have time in the Fall for soccer.

Emilio [grimaces]: I am. With Siebert's help, I'll get a job at CVS or someplace like that.... She says I only need to work a little bit of hours of week. That I just need to show up and do things. She thinks I will have time, but how does she know that?... I no longer get that extra help from the government. My mom needs money. She was sick. You know... Ms. Siebert says that I won't have to give change or deal with pills or anything like that, so I'm down...

Counselor: Extra help?

Emilio [shifts in his seat]: It had to do with something when I turned 18 or was it 17...The government gave my mom money because I needed extra help to learn... and now they say I don't qualify.

Counselor: Oh... you mean SSI?

Emilio: I guess.

Counselor: You said you're not good with math... Can you tell me a little bit more?

Emilio [with a hesitant grimace]: I get confused. I need to see the formulas. I can't do it my head. I just don't get it in any other way. My primo —my cousin—when I help him out at his construction site, he has measurement templates, and it works. I like working with my primo and learning the way he teached [sic] me.

Counselor: Have you thought more about what you want to for a career?

Emilio: A ROBOTIC ENGINEER would be cool. I'm smart. I take after my mom like that. A ROBOTIC ENGINEER is what I want to do.

**Santa Avilla Unified
Annual Goals and Objectives**

Student Name: Emilio Rodriguez
IEP Date: 1/27/23

Birthdate: 1/10/2005

Student invited: Yes No

If Appropriate, and agreed upon, agencies invited:
 Yes No N/A

Describe how the student participated in the process: Present at Meeting Interview Prior Interest Inventories Questionnaires

Age-appropriate transition assessments/instruments were used: Yes No

Describe the results of the assessments:

Based on student interview, interest inventory, questionnaire, and interview:

Student is interested in obtaining a job as a robotic engineer

*On his O*NET Interest Profiler he was Realistic, Investigative, and Conventional (RIC)*

Student plans to graduate from high school with a diploma. He is 18 (adult) and currently not working.

Student does not yet have his driver's license. He is studying for it.

Student is on track to graduate as long as he passes Government, English, and MATH classes.

Student's Post-Secondary Goal Training or Education (Required):

<p><i>Upon completion of school I will enroll in a Community College or be employed.</i></p> <p>Linked to Annual Goal# 1,2</p>	<p>Transition Service Code as Appropriate: <u>820 College awareness</u></p> <p>Activities to Support Post Secondary Goal:</p> <p>Visit the Career Center to explore postsecondary options and create a list of 2 possible careers of interest. Identify the education and training requirements in career areas of interest.</p> <p>Identify community support services and training programs (vocational, Department of Rehabilitation, Regional Occupational Program (ROP), etc.). Obtain information on post-secondary programs and qualifications needed to prepare for a high interest/high wage career (Trade Schools, Community College, Cal. State & U.C.). Community Experiences as Appropriate: Obtain dates for college night presented through the district and consider attending. Obtain dates and consider attending Senior Orientation Day at Community College of choice. Obtain orientation dates and consider attending the Disabled Students Programs and Services (DSPP) department at chosen Community College or University. Make an appointment at the Disabled Students</p>
--	--

Emilio Rodriguez

2121 Esperanza Rd, Apt 4A
 Santa Avilla, CA 92345
 323-555-1873
 e.rodriguez05@outlook.com.

EDUCATION

Expected 2024 **High School Diploma**
Spartan High School

SKILLS

Organizational Skills

Supported construction operations, measuring, cutting, and holding pieces of wood for handyman
 Monitored, handled, and distributes supplies and tools to increase efficiency of the site
 Consistently meets deadlines or finish projects before due dates
 Able to effectively plan various events for both varsity and junior varsity mixers

Communication Skills

Bilingual in English and Spanish (spoken)
 Communicate with various individuals with a calm and respectful demeanor
 Work effectively with people from diverse backgrounds
 Exhibit patience, positive attitude, and perseverance

EXPERIENCE

Handyman Assistant East, Avilla's Demolition and Cleanup, Fall 2021—present

Assisted handyman in providing a wide variety of services including yardwork, landscaping, and interior and exteriors repairs and improvements.
 Removed debris and assist with completing repairs to ensure safety of staff and residents
 Maintain trash and recycling receptacles around site

Water boy, Spartan High School Soccer Team, Spartan High, Summer 2020- present

Be a positive influence on soccer team members.
 Offer assistance with soccer practices
 Correspond with the soccer coach
 Make sure team has water during practices and games

Summer Camper, Go Robots!, Summer 2022
 Attended sessions on Roblox Create

Emilio Rodriguez



Likes:

Soccer, Xbox, Baking, Cooking, Space, Paintball, motorcycles, Computer, Music (pop, hip hop), Outdoors, TV Shows (cops, mysteries), clowns, robots



Strengths/Skills

Athletic, Baking, Good Brother, Good Friend, Internet Research, Internet Shopping, Persistent

Things that make me worried:

Learning, keeping a Job, my mom getting sick

Things that make me frustrated:

Social Stuff, Changes in General, Not being Understood

Job Possibilities:

Lab Maintenance Worker, Hospital Cafeteria Attendant, Lab Stocker and Order Filler, Pharmacy Aide, Motorcycle Mechanic, Radiology Tech, Forensic Tech, Robotic Engineer

My Goals

- Work
- Buy a house for my mom and sister
- Buy a car
- One day, have my own kids

Supports Needed to Meet My Goals

- Help to improve my: short term memory, reading, writing, and math
- Therapy
- Gain work experience

**WE AIM ABOVE
THE MARK TO
HIT THE MARK**

Ralph Waldo Emerson

PICTUREQUOTES.COM

My Family's Vision for Me

Live Independently
Reach for the Stars

Anne Siebert
Spartan High School
12005 Memorial Dr.
St. Avilla, CA 92345
a.siebert@spartanhs.gov

April 10, 2023

Dear Hiring Manager

Emilio Rodriguez has worked with me in the Spartan High School work experience program for two years. I am writing this letter of recommendation to highly recommend him as a stock associate for CVS.

Unfortunately, due to his mother's illness and the need to take care of his little sister, his work experience is limited to being the Spartan's soccer teams water boy, but his mother is now well and he is highly motivated to secure employment at CVS. In fact, we have been talking about the opportunity to work in a pharmacy since I have known him.

Emilio is conscientious, hard worker. He has proven that he is capable and always willing to learn or take on new and sometimes difficult challenges. With his work as a water boy, he has experience working independently in a fast-paced environment. He is easy to get along with and enjoys working as part of a time.

Please feel free to contact me at 323-555-1259 should you wish to discuss Emilio's qualifications and experience further. I would be happy to expand my recommendation.

Sincerely,



Anne Siebert
Work Experience Teacher
Spartan High School
323-555-1259

Richard Perez
Soccer Coach
Spartan High School
12005 Memorial Dr.
St. Avilla, CA 92345

RE: Emilio Rodriguez

To Whom It May Concern:

I am very pleased to write this strong letter of support and recommendation for Emilio Rodriguez. I am the soccer coach at Spartan High, and I have known Emilio for three years.

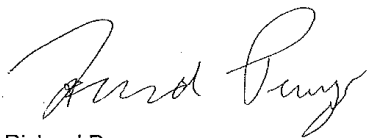
I have been his mentor, coach, supervisor, and teacher. He is a young man with great drive, intelligence, and composure. He has lived a good life and is a role model and success story for individuals who have learning differences.

Emilio has excelled a water-boy, which can often be a thankless job. Due to his dedication—he has never missed a game or practice in the last three years—the members of both the junior varsity and varsity teams see him as a member of the team. He demonstrates a capacity to calm the hot heads on the team.

He comes from a supportive family and has had great work experience and demonstrated outstanding work ethic. I am confident he has what it will take to be an outstanding employee.

If there is more information that I can provide please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard Perez".

Richard Perez
12005 Memorial Dr.
St. Avilla, CA 92345

Appendix E

Case Summary

Emilio is an 18-year-old Mexican American high school senior. He expects to graduate high school in June of 2024. He lives with his mother and three-year old ½ sister in a studio apartment. He speaks Spanish and English. He does not have a driver’s license but hopes to learn how to drive a motorcycle soon. The family receives SNAP (Foodshare). Up until he turned 18, he received SSI due to his learning disability. He was held back a year in middle school. His primary disability is dyscalculia, and he also has challenges in reading and writing. In particular, he has deficits in verbal comprehension, working memory, and processing speed. He reads at a fifth-grade level. According to his English and math teachers, he is easily distracted and struggles to turn things in. His IEP goals are related to reading comprehension, mathematic structural sequencing, repeated reasoning, and planning and organizing. He has not met any of annual goals in the last year. His last semester GPA was 1.62 and his cumulative GPA is 1.46. His ITP goals is to enroll in community college or find employment after high school. He is also currently going to tutoring for math.

Emilio has a history of being truant, has been suspended from school, and has a disorderly conduct misdemeanor. Due to the disorderly conduct being his first involvement with the law, his age, and low socio-economic status, his public defender was able to obtain parole for Emilio instead of 90 days of jail time and 1000 dollar fine. The truancy, which he acknowledges, though came from his mother being ill and his need to take care of his young sister. Although he is not an official member of the soccer team (he’s the water boy) the suspension was due to a soccer team prank; they tagged their high school teacher’s desk. The disorderly conduct charge came due to his interaction with one of his high school teachers the day he came back from the suspension.

Although he has never been officially employed, he has helped out his cousin on construction sites, volunteered as the water boy, and attended a camp focused on robotics. He has positive letter of recommendations from his transition teacher and the soccer coach. He helps out at home. He watches his younger sister. His mom is teaching him how to drive her motorcycle.

He was referred to vocational rehabilitation by his transition teacher, Ms. Siebert. She had been trying to connect Emilio with vocational rehabilitation since his sophomore year, but he never showed up to any of numerous appointments. He has just started to meet with his RC. After high school he either plans to enroll in a community college or find employment.

Ultimately, he expects his rehabilitation counselor to help him obtain his vocational aspiration which are either: a job, motorcycle mechanic, or robotic engineer.

Please rank his vocational aspiration terms of attainability:

Attainable only with extensive vocational rehabilitation support _____

Attainable with moderate vocational rehabilitation support _____

Easily attainable with some vocational rehabilitation support _____

Appendix F

General Evaluation of the Client

(Rosenthal, 1993)

The following scale is anchored at the extremes by two different adjectives, separated by seven spaces. You should select the space between the two extremes for each adjective pair which you feel is most descriptive of the client. For example, if you see one extreme as very highly descriptive, you should place your check mark as follows

strong x : _____ : _____ : _____ : _____ : _____ : _____ : weak

OR

strong _____ : _____ : _____ : _____ : _____ : _____ : x : weak

Any of the seven spaces may be selected as most descriptive of the client. In other words, one of the seven spaces between the two extremes should be checked for each item, which best represents your perceptions of the client.

1. positive _____ : _____ : _____ : _____ : _____ : _____ : _____ : negative,
2. meaningful _____ : _____ : _____ : _____ : _____ : _____ : _____ : meaningless
3. reputable _____ : _____ : _____ : _____ : _____ : _____ : _____ : disreputable
4. good _____ : _____ : _____ : _____ : _____ : _____ : _____ : bad
5. kind _____ : _____ : _____ : _____ : _____ : _____ : _____ : cruel
6. important _____ : _____ : _____ : _____ : _____ : _____ : _____ : unimportant
7. timely _____ : _____ : _____ : _____ : _____ : _____ : _____ : untimely
8. grateful _____ : _____ : _____ : _____ : _____ : _____ : _____ : ungrateful
9. successful _____ : _____ : _____ : _____ : _____ : _____ : _____ : unsuccessful
10. sociable _____ : _____ : _____ : _____ : _____ : _____ : _____ : unsociable

Appendix G

Estimate of Vocational Potential-Revised

Please rank the top THREE highest level potential occupations in which you see Emilio as having a reasonable expectation for success at some point during his future career. Your choice indicates the THREE highest possible potential occupations the client could achieve within his lifetime.

- ___ Lab Maintenance Worker
- ___ Hospital Cafeteria Attendant
- ___ Lab Stockers and Order Filler
- ___ Pharmacy Aide
- ___ Motorcycle Mechanic
- ___ Radiology Tech
- ___ Forensic Tech
- ___ Robotics Engineer

Appendix H

Confidence Level of Vocational Potential Evaluation

Please respond to each item.

How confident are you of your #1 choice?

20%	40%	60%	80%	100%
Not confident	Slight confident	Moderately confident	Quite confident	Very confident
1	2	3	4	5

How confident are you of your #2 choice?

20%	40%	60%	80%	100%
Not confident	Slight confident	Moderately confident	Quite confident	Very confident

How confident are you of your #3 choice?

20%	40%	60%	80%	100%
Not confident	Slight confident	Moderately confident	Quite confident	Very confident

Appendix I

Tolerance of Ambiguity Scale

(Multiple Stimulus Types Ambiguity Tolerance Scale-II- 13 items; McClain, 2009)

Please respond to each item using the following scale:

Strongly Disagree Disagree Neutral Agree Strongly Agree

1. *I don't tolerate ambiguous situations well
2. *I would rather avoid solving a problem that must be viewed from several different perspectives
3. *I try to avoid situations that are ambiguous
4. *I prefer familiar situations to new ones
5. *Problems that cannot be considered from just one point of view are a little threatening
6. * I avoid situations that are too complicated for me to understand easily
7. I am tolerant of ambiguous situations
8. I enjoy tackling problems that are complex enough to be ambiguous
- 9.*I try to avoid problems that don't seem to have only one best solution
10. I generally prefer novelty over familiarity
- 11.* I dislike ambiguous situations
- 12.* I find it hard to make a choice when the outcome is uncertain
13. I prefer a situation in which there is some ambiguity

*reverse scored

Appendix J

Vocational Hope Scale

(Career Commitment Scale-12 items; Carson & Bedeian, 1994)

Please respond to each item using the following scale:

Strongly Disagree Disagree Neutral Agree Strongly Agree

1. My line of work/career field is an important part of who I am.
 2. This line of work/career field has a great deal of personal meaning to me.
 - *3. I do not feel “emotionally attached” to this line of work/career field.
 4. I strongly identify with my chosen line of work/career field.
 - *5. I do not have a strategy for achieving my goals in this line of work/career field.
 6. I have created a plan for my development in this line of work/career field.
 - *7. I do not identify specific goals for my development in this line of work/career field.
 - *8. I do not often think about my personal development in this line of work/career field.
 - *9. The costs associated with my line of work/career field some- times seem too great.
 - *10. Given the problems I encounter in this line of work/career field, I sometimes wonder if I get enough out of it.
 - *11. Given the problems in this line of work/career field, I some-times wonder if the personal burden is worth it.
 - *12. The discomforts associated with my line of work/career field sometimes seem too great.
- *reverse scored

Appendix K

Demographic Questionnaire

1. What is your age?

2. What is your gender?

3. What is your race/ethnicity (Check all that apply)?

African American/Black

Asian

Hispanic

Native American/American Indian

Native Hawaiian or other Pacific Islander

White/Caucasian

Not listed (please specify): _____

4. What state or US territory do you live in?

5. How would you describe the area you provide vocational services

Urban

Suburban

Rural

5. What is your marital status?

Single

Married/With a partner

Separated/Divorced

Widowed

6. Do you have a disability? Yes or No. If yes, please indicate the disability or chronic illness that you have: COMES FIRST

- Learning Disability
- Attention Deficit and Hyperactive Disorders (ADHD)
- Autism Spectrum Disorders (e.g., Autistic Disorder, Asperger's, PDD-NOS)
- Blindness/Visual Impairment
- Brain Injury
- Deaf/Hard of Hearing
- Mobility Disabilities
- Psychiatric Disabilities (e.g., Schizophrenia, Depression, Anxiety, Bipolar Disorder, etc.)
- Chronic Health Conditions (e.g., Lupus, Chronic Pain, Multiple Sclerosis, Crohn's Disease, etc.)
- Other Disability (Please specify): _____

Do you have a secondary disability? If yes, please indicate the secondary disability or chronic illness that you have:

- Learning Disability
- Attention Deficit and Hyperactive Disorders (ADHD)
- Autism Spectrum Disorders (e.g., Autistic Disorder, Asperger's, PDD-NOS)
- Blindness/Visual Impairment

- Brain Injury
- Deaf/Hard of Hearing
- Mobility Disabilities
- Psychiatric Disabilities (e.g., Schizophrenia, Depression, Anxiety, Bipolar Disorder, etc.)
- Chronic Health Conditions (e.g., Lupus, Chronic Pain, Multiple Sclerosis, Crohn's Disease, etc.)
- Other Disability (Please specify): _____

7. Do you have a family member(s) or significant other with a disability or chronic illness? Yes or No.

If yes, please indicate who they are to you (check all that apply)

Partner/Spouse

Child

Is the child a transition aged youth?

Parent

Father

Mother

Sibling

Sister

Brother

Other: _____

If yes, please indicate the primary disability or chronic illness that your family member has (check all that apply):

- Learning Disability
- Attention Deficit and Hyperactive Disorders (ADHD)
- Autism Spectrum Disorders (e.g., Autistic Disorder, Asperger's, PDD-NOS)
- Blindness/Visual Impairment
- Brain Injury
- Deaf/Hard of Hearing
- Mobility Disabilities
- Psychiatric Disabilities (e.g., Schizophrenia, Depression, Anxiety, Bipolar Disorder, etc.)
- Chronic Health Conditions (e.g., Lupus, Chronic Pain, Multiple Sclerosis, Crohn's Disease, etc.)
- Other Disability (Please specify): _____

Does your family member have a secondary disability? If yes, please indicate the secondary disability or chronic illness that they have (check all that apply):

- Learning Disability
- Attention Deficit and Hyperactive Disorders (ADHD)
- Autism Spectrum Disorders (e.g., Autistic Disorder, Asperger's, PDD-NOS)
- Blindness/Visual Impairment
- Brain Injury
- Deaf/Hard of Hearing
- Mobility Disabilities

___ Psychiatric Disabilities (e.g., Schizophrenia, Depression, Anxiety, Bipolar Disorder, etc.)

___ Chronic Health Conditions (e.g., Lupus, Chronic Pain, Multiple Sclerosis, Crohn's Disease, etc.)

___ Other Disability (Please specify): _____

8. Are you a parent/guardian/caregiver of a transition aged youth? Yes or No.

9. What is your highest degree obtained?

___ BA/BS

___ MS/MA/Med/MRC/MSW

___ EdD

___ Ph.D

___ PsyD

___ Other (Please specify): _____

10. What is the name of master's degree major?

___ Clinical Rehabilitation Counseling

___ Rehabilitation Counseling

___ Social Work

___ Special Education

___ Counseling

___ School Psychology

___ Other

11, Was your masters CORE or CACREP approved

___ Yes

- No
- Does Not Apply
- I do not recall
- Other (please specify) _____

12. When did you graduate with your BA/MS/MA/MSW/MRC

13. Do you have a CRC?

14. What year did you obtain your CRC?

15. Do you have additional certifications or licensures? Yes or No

- CCM – Certified Case Manager
- CDMS – Certified Disability Management Specialist
- CMHC – Certified Mental Health Counselor
- CRC – Certified Rehabilitation Counselor
- NCC – National Certified Counselor
- NCMHC or LMHC – Licensed Clinical Mental Health Counselor or
Licensed Mental Health Counselor
- LCPC or LPCC – Licensed Clinical Professional Counselor or Licensed
Professional Clinical Counselor
- LPC – Licensed Professional Counselor
- LRC – Licensed Rehabilitation Counselor
- Other: _____

16. What is your current work setting (check all that apply)?

- State Vocational Rehabilitation Agency
- Workers' Compensation Setting
- Community Mental Health Center
- Inpatient Psychiatric Facility
- Center for Individuals with Developmental Disabilities
- Private Not-For-Profit Rehabilitation
- College/University
 - Disabilities Accommodation Offices
 - General Advising
 - Teaching
 - Special Programs for students with developmental disabilities
- Corrections Facility/Program
- Independent Living Centers
- K-12 Education
- 18-22 Public Education Transition Service program
- Medical Center or Rehabilitation Hospital
- Substance Abuse Treatment Facility
- Halfway House
- Private For-Profit Rehabilitation
- Client Advocacy Organization
- Other (Please specify: _____)

17. How many years of experience in the rehabilitation counseling field do you have?

Appendix L

Informed Consent

Study Title: The Clinical Judgment of Rehabilitation Counselors working with Transition-Aged Youth with Disabilities

Explanation of the Research

You are being asked to participate in a research project investigating the clinical decision-making processes of rehabilitation counselors who work with transition-aged youths with disabilities. You will be asked to read case materials about a client and then complete ratings and evaluation of the client at two different points in the client's case history. After you complete your ratings and evaluations of the client, you will be asked to complete a demographic questionnaire and four brief scales.

Your participation will require about 45 minutes to one hour of your time (approximately 30 minutes to read the client information and complete ratings, and approximately another 15+ minutes to complete the psychological scales and demographic questionnaire).

Potential Benefits

Your participation in the current study may help researchers, educators, and practitioners better understand rehabilitation counselors' who work with transition-aged youths clinical judgment, which may lead to improved approaches to rehabilitation counselor education, training, and practice. There will be no direct benefits to the participants.

Potential Risks

The researchers will keep all the data confidential, and participants' answers will be deidentified within the aggregated data; however, since the survey uses a web-based platform, there is a risk that a breach of confidentiality can occur due to compromised email addresses.

You may also experience fatigue while you review the case materials and fill out the survey.

Privacy and Confidentiality

All collected data will be kept confidential. The only identifying information that will be used is your email, which is linked to your survey on Qualtrics. It will only be used to send reminders, and the \$15 dollar Amazon gift card to the first 200 participants for completing the study.

The researchers will deidentify any obtained data, and after such removal, the information may be used for future research studies without additional informed consent from you, the participant.

The researchers will take following steps to ensure your personal information is not shared without your consent by:

- Removing any identifiable information from the data
- All study data will be stored securely on BOX and encrypted on the researcher's computer.
- Only approved study team member will have access to the data.
- The study team will work with the IRB to address any unanticipated problems that may occur.
- Informed consent documents as well as all data will be kept by the researcher in a secure place for seven years post-data collection.

YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW:

It is hoped that you will agree to participate. However, your participation is entirely voluntary, and your decision not to participate will have no negative consequences of any kind. You may choose not to answer specific questions. In addition, if you decide to withdraw prior to the completion of the project, you are entirely free to do so.

COSTS AND COMPENSATION FOR BEING IN THE STUDY:

There is no cost to you associated with this study.

By fully completing the survey, the first 200 participants will receive a fifteen-dollar Amazon online gift card.

Therefore, you can only participate once in the survey. After responding to all the survey questions, you will be asked to provide only your email address (no name) for receiving the gift card. You will be notified whether or not your part of the first 200 participants, no later than two weeks after the completion of the study.

Contact Information

If you have concerns or questions about this study or would like not to receive further communication about the study, please contact the researcher, Constance Richard, at carichard3@wisc.edu or reply to this email.

If you have any questions about your rights as a research participant or have complaints about the research study or study team, call the confidential research compliance line at 1-833-652-2506. Staff will work with you to address concerns about research participation and assist in resolving problems.

Thank you.

I have read the information above and any questions I asked have been answered. By continuing on to the survey I confirm my consent to participate in this study.

If you want to participate, click this link to start the survey: insert link

Thank you for your consideration.

Sincerely,

Constance Richard, M.S., CRC, Doctoral Candidate

Jina Chun, Ph.D., CRC, Assistant Professor

Appendix M

CRCC Invite Letter

Dear Rehabilitation Counselor,

Hello, I am Constance Richard, a doctoral candidate in the Rehabilitation Counselor Education program at the University of Wisconsin-Madison. You have been selected from the CRCC database as a potential participant in my dissertation study.

The purpose of this study is to explore rehabilitation counselors' who work with transition aged youth clinical judgment.

Your participation in the survey is voluntary, and responses you provided will be kept completely confidential. To participate in the study, you must currently be employed and provide rehabilitation services to transition aged youths with disabilities .

If you choose to participate, you will be asked to read case materials about a client and then complete ratings and evaluation of the client at two different points in the client's case history. After you complete your ratings and evaluations of the client, you will be asked to complete a demographic questionnaire and three brief scales.

Your participation may require about 45 minutes to 1 hour of your time (approximately 30 minutes to read the client information and complete ratings, and approximately another 15+ minutes to complete the psychological scales and demographic questionnaire).

The first 200 participants who fully complete the study will receive a 15 dollar Amazon gift card.

Please follow this link to the Survey: [insert link when survey is in Qualtrics]

Thank you so much in advance for your participation in this project. I believe your input in the study will provide valuable information to researchers and educators regarding the clinical judgment.

If you have any questions about this study, please contact Constance Richard, at carichard3@wisc.edu, or my advisor Dr. Jina Chun at University of Wisconsin-Madison (jina.chun@wisc.edu).

Thank you!

Sincerely,
Constance Richard

Appendix N

List-Serv Blurb

Participate in a research project investigating the clinical decision-making processes of rehabilitation counselors who work with transition-aged youths with disabilities. Your participation could help researchers, educators, and practitioners better understand rehabilitation counselors' who work with transition-aged youths clinical judgment, which may lead to improved approaches to rehabilitation counselor education, training, and practice. You will be asked to read case materials about a client and then complete ratings and evaluation of the client at two different points in the client's case history. After you complete your ratings and evaluations of the client, you will be asked to complete a demographic questionnaire and four brief scales.

Your participation will require about 45 minutes to one hour of your time (approximately 30 minutes to read the client information and complete ratings, and approximately another 15+ minutes to complete the psychological scales and demographic questionnaire).

The first 200 participants who complete the study will receive a fifteen-dollar Amazon online gift card.

Appendix O

Discussion Board Blurp

This message serves as a call for the Clinical Judgment of Rehabilitation Counselors who Work with Transition-aged Youth with Disabilities survey. By providing your answers, you will help to complete a dissertation research project about rehabilitation counselor's clinical judgment.

To finalize data collection, a minimum of 20 additional rehabilitation counselors who work with transition aged youth are needed to meet the minimum sample goal of 102 participants.

The study takes between 30-60 minutes to complete. You will be reviewing case materials of a consumer, completing ratings, and evaluating the consumer at two different points in the client's case history, and completing four scales and a demographic questionnaire. As appreciation for your time, upon completion of data collection, you will be sent a 15-dollar Amazon gift-card.

If you are unable to participate yourself, it would be wonderful if you could share this message with other rehabilitation counselors in your network. Thank you for your help!

https://uwmadison.co1.qualtrics.com/jfe/form/SV_elbWqYww5LL300u

Epigraph

Hold fast to dreams
For if dreams die
Life is a broken-winged bird
That cannot fly.

Langston Hughes (1994), "Dreams"