Educator perspectives on rehabilitation counselor identity in the post-CACREP context.

By
Katherine B. Friedman

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

2021

Date of final oral examination: 7/22/2021

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

David Rosenthal, Professor, Rehabilitation Psychology & Special Education
Malachy Bishop, Professor, Rehabilitation Psychology & Special Education
Timothy Tansey, Professor, Rehabilitation Psychology & Special Education
Stephanie Budge, Associate Professor, Counseling Psychology
Brian Phillips, Assistant Professor, Special Education & Rehabilitation Counseling, Utah State University

Dedication

To those who said I couldn't.
But more importantly,
To those who believed I could.

Acknowledgements

First, I would like to give my profound thanks to my committee members for their tireless work and expertise. It is a rare privilege to be able to work with such a talented group of leaders and educators. This dissertation would not be possible without the expertise of Dr. Malachy Bishop, Dr. Tim Tansey, Dr. Stephanie Budge, and Dr. Brian Phillips. Your insight was invaluable and your mentorship was much appreciated! Support was also provided by a fellowship from the Graduate School, part of the Office of Vice Chancellor for Research and Graduate Education at the University of Wisconsin-Madison, with funding from the Wisconsin Alumni Research Foundation and the UW-Madison.

I would not be the scholar I am today without the support and encouragement of my advisor, Dr. David Rosenthal. From the moment I arrived in Madison, you have been a constant source of positive energy, a wealth of knowledge, and the best mentor I could have asked for. You've taught me the importance of compassion in education and how vital it is to be human in the classroom. I will carry the lessons I've learned through your guidance with me for the rest of my career.

The doctoral experience is not complete without the support of the people around you. Mi and Muna, your endless positivity and genuine friendship has made my world a better place. I cannot thank you enough for the good memories we've made over the last three years. Similarly, I would be incredibly remiss if I did not thank my departmental support system. Cheryl and Kayla, you've been instrumental in my success at Wisconsin. Thank you for always being willing to answer my silly questions or to lend a listening ear, it means the world. I'd also like to thank Dr. Susan Wiegmann for her enduring support. Your dedication to students and

willingness to let me explore my teaching personality helped me to become the educator I am today.

My unwavering gratitude to my family and friends. You've encouraged me to pursue my dreams to the highest extent, no matter how far. From "I'm moving to Syracuse" to "I'm moving to Worcester" to "I'm moving to Madison," you've been by my side the whole journey. I would not have made it this far without the wisdom of my grandfather, the humor of my aunts and uncles, and the love and support of my parents and sister. I'd also like to thank Tom, Caitlin, and Michael Fitzpatrick for their support and love in all things.

Last, but certainly not least, thank you to my wonderful partner Justin. You've shown me endless love and compassion during the past three years. It's not easy being married from a thousand miles away but we made it work! Thank you, I love you, and I couldn't have done this without you!

TABLE OF CONTENTS

CHAPTER ONE: Introduction

"We need to roll up our sleeves and go to work. And historically, that's what we've done best. So let's do that."

Introduction & Statement of the Problem

Rehabilitation counseling Master's programs have a long history of being accredited by the Council On Rehabilitation Education (CORE) with the primary accreditation starting in 1975 (Geist, 1984). After the finalization of the merger between CORE and the Commission on the Accreditation of Counseling and Related Educational Programs (CACREP) in 2017, rehabilitation counseling Master's program leadership had to choose one of three tracks to retain their accreditation status: Rehabilitation Counseling (RC), Clinical Rehabilitation Counseling (CRC), or dual accreditation in Clinical Mental Health/Clinical Rehabilitation Counseling (CMH/CRC). This forced choice and fragmented approach to accreditation has caused concern within the rehabilitation counselor education community regarding the future of the Rehabilitation Counseling field and the potential impact of these changes on rehabilitation counselor identity (RCI).

The counseling profession as a whole has conducted extensive research on defining a consistent professional identity as well as the saliency of having that professional identity be unified. Consistent themes within these studies identify that professional group membership (Phillips, 2011) and a collective identity (Mellin et al., 2011) are critical to the creation and preservation of professional identity. Further, a fracturing or inconsistency of a unified

professional identity can lead to unproductive tension and infighting within the profession (Cannon & Cooper, 2010).

This study seeks to identify a preliminary framework regarding how leaders within the Rehabilitation Counseling discipline define RCI and how important that identity is in the wake of the CORE-CACREP merger. A thematic analysis of qualitative data from interviews will be conducted and will be informed by Burkholder's Professional Identity Expression Model(2012) and Hall's (1968) Professional Development Model.

Defining a Profession

Often the words "profession" and "occupation" are incorrectly used interchangeably. All professions are, at their roots, occupations. However, not all occupations are professions. At the core, to be considered a "profession," three conditions must be satisfied. Cruess gives an accessible framework for establishing a profession that is both easy to conceptualize and provides a clear distinction for what constitutes a profession (Cruess et al., 2004).

The first condition set by Cruess is the proprietary understanding of an esoteric body of knowledge (2004). That is, in order to be considered a profession, there must be a specific set of knowledge that is individualized to that group. In rehabilitation counseling, CACREP has identified Clinical Rehabilitation Counseling (Standard 5-D) and Rehabilitation Counseling (5-H) as having a proprietary hold on the knowledge of counseling people with disabilities (CACREP, 2015).

The second condition set by Cruess is the adherence to a Code of Ethics. Rehabilitation Counselors with a Certified Rehabilitation Counselor (CRC) adhere to the Commission on

Rehabilitation Counselor Certification (CRCC, the parent to Rehabilitation Counseling) Code of Ethics (CRCC, 2017). However, as Rehabilitation Counseling (Standard, Clinical, and the doctoral level of accreditation Counselor Education & Supervision) is unified by CACREP through counseling identity, Rehabilitation Counselors also adhere to the Code of Ethics of the American Counseling Association (ACA, the parent to CACREP)(ACA, 2014). In cases where there is overlap, the CRCC Code of Ethics section on ethical decision-making suggests that rehabilitation counselors choose to adhere to one Code over the other, usually the Code that is more restrictive on the ethical issue (CRCC, 2017)

The third and final condition set by Cruess is that a profession must engage in self-regulation (Cruess et al., 2004). Rehabilitation counselors engage in self-regulation through the pursuit of certification through CRCC. Counselor licensure does not fall under self-regulation in Rehabilitation Counseling, as licensure relies on a body external to the field to enforce quality in standard of care as a state-by-state process. Rehabilitation counselors also pursue self-regulation through membership in professional associations. Professional associations in rehabilitation counseling range from practitioner groups (e.g. ARCA, NRCA, NRA, RCEA, IARP) to specialty groups (e.g. CANAR, NAMRC, NCRE) to employer groups (e.g. CSAVR, NARF) (For a complete list of professional organization acronyms, see Appendix 1). Many of these professional organizations host conferences or seminars that are eligible for offering continuing education credits, letting rehabilitation counselors tailor their educational experience based on their position or areas of interest so long as they reach the required 100 hours (10 in ethics) (CRCC, 2017). Based on the criteria set by Cruess, it is clear that rehabilitation counseling meets the criteria to be considered a profession.

History of Rehabilitation Counseling

A significant portion of the historical background of rehabilitation counseling reflects legislative initiatives that expanded or solidified available Vocational Rehabilitation services for people with disabilities. Rehabilitation counselors are trained in the legislative background relating to people with disabilities to assist clients with exercising their civil and human rights to be fully included in all aspects of life, specifically in employment and independent living. The history of rehabilitation counseling has four critical junctures: the establishment and expansion of Vocational Rehabilitation (VR) services, the Vocational Rehabilitation Act Amendments of 1954, the passage of the Vocational Rehabilitation Act of 1973 and the ADA, and the passage of Workforce Innovation and Opportunity Act in 2014.

Establishment and Expansion of VR Services

As a way to combat the large number of World War I veterans returning from conflict areas with significant disabilities, the Soldier's Rehabilitation Act of 1918 was passed to create "Vocational Rehabilitation Services" as a way to reinfuse veterans with disabilities into the workforce. In 1935, Vocational Rehabilitation became permanent by the passage of the Social Security Act. The program was expanded over the years to include eligibility for civilians with the passage of the Smith-Fess Act of 1920 and people diagnosed with psychiatric disabilities through the Barden-LaFollette Act of 1943. The Barden-LaFollette Act also created specialized Vocational Rehabilitation services for the Blind and Visually Impaired (Parker & Patterson, 2012).

The Vocational Rehabilitation Act Amendments of 1954

As a further solidification of VR services for people with disabilities, the Vocational Rehabilitation Act was amended in 1954 ("Amendments to the Vocational Rehabilitation Act," 1954). Most significantly for rehabilitation counselor education, the Amendments of 1954 created financial pathways for VR to be funded indefinitely through three types of grants: VR service provision grants, service improvement grants, and research and training grants ("Amendments to the Vocational Rehabilitation Act," 1954). One of the reasons cited for this significant investment was to combat a shortage of qualified services, and qualified individuals from qualified training programs ("Vocational rehabilitation act amendments," 1954). The Social Security Bulletin identifies these issues as critical to VR and the welfare of people with disabilities, a sentiment that would be later echoed as a rationale for modern legislative choices regarding qualification minimums for rehabilitation counselors.

The Vocational Rehabilitation Act of 1973 and the ADA

As a result of significantly increased eligibility for Vocational Rehabilitation services, an order of selection was created by the Rehabilitation Act of 1973 to ensure "…individuals with the most significant disabilities will be selected first for the provision of vocational rehabilitation services" ("Rehabilitation Act of 1973," 1973). The Rehabilitation Act also introduced the Individual Written Rehabilitation Plan (IWRP) as a way to track individual progress and outcomes for people engaged in VR services. Section V is the most widely recognized part of the Rehabilitation Act. This portion of the Rehabilitation Act was designed as anti-discrimination legislation for employing people with disabilities in the federal government (section 501), federal

contractors (section 503), and agencies that receive federal funding (section 504) (*The Rehabilitation Act of 1973*, 2020).

To enhance the landmark anti-discrimination legislation of the Rehabilitation Act, the Americans with Disabilities Act of 1990 (ADA) and its 2008 amendments (ADAAA) further protected the dignity of people with disabilities through civil rights reform. In addition to defining disability as either "(1) an impairment that limits one or more 'major life activities,'(2) a record of such impairment, or (3) being regarded of having such impairment" (*The Americans with Disabilities Act: A Brief Overview*, 2012), the five titles of the ADA protects people with disabilities from discrimination in employment (Title I), public transportation (Title II), public services (Title III), telecommunications (Title IV), and prohibits retaliation against people with disabilities when exercising these rights (Title V) (*The Americans with Disabilities Act: A Brief Overview*, 2012).

The Workforce Innovation and Opportunity Act of 2014

The most significant change to disability legislation of the 21st century is the passage of the Workforce Investment Act (WIA) with the Workforce Innovation and Opportunity Act (WIOA) in 2014. To better serve the increasing numbers of youth aged 16-22 with disabilities, WIOA mandated that state vocational rehabilitation agencies must set at least 15% of their annual budget to specifically serve transition-age youth as well as linking vocational rehabilitation services with schools to facilitate transition planning ("The Workforce Innovation & Opportunity Act," 2014).

The passage of WIOA relocated the Rehabilitation Services Administration (RSA) from the U.S. Department of Education to the Department of Health and Human Services as well as

created the National Institute on Disability and Rehabilitation Research (NIDRR) grant program. NIDRR was updated to become the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) and is run out of the Administration for Community Living branch of Health and Human Services.

While WIOA was heralded as a significant improvement on service availability for people with disabilities (particularly transition-age youth), WIOA amended the minimum requirements for employment as a rehabilitation counselor, referred to as the Comprehensive System of Personnel Development (CSPD). Under this rule, being qualified to be a rehabilitation counselor no longer requires the achievement of a master's degree in rehabilitation counseling, only a bachelor's degree in a human services field ("The Workforce Innovation & Opportunity Act," 2014). The rationale for this change in qualifying criteria was reported to be to help rehabilitation counseling as a field maintain balance in a time of high retirement rates and the need for new rehabilitation counselors in high demand (Radke (2001) in McLanahan & Sligar (2015)). In a stern rebuttal of the CSPD breakdown and in defense of rehabilitation counseling as a profession, McLanahan and Sligar argued in their 2015 article that a baccalaureate degree does not provide adequate training in the core knowledge domains required of a rehabilitation counselor, citing Leahy, et al.'s 2013 knowledge domain study (Leahy et al., 2013; McClanahan & Sligar, 2015). In their eyes, the dilution of knowledge domains outside of rehabilitation-focused degrees jeopardizes the standing of rehabilitation counseling as a profession.

Role of Accreditation in Rehabilitation

Historically, rehabilitation counseling under CORE has been a rigorous process, with standard and CRC exam specification updates roughly every five years through a serialized role and function study. Under CACREP, the standardization process remains unclear.

Council on Rehabilitation Education (CORE)

In 1972, the Council on Rehabilitation Education (CORE) awarded a grant to the University of Wisconsin-Madison to develop an accrediting mechanism and broad structure to establish quality graduate education in Rehabilitation Counseling. The original standards for accreditation of Rehabilitation Counseling were developed by a governing board created from members across the field of Rehabilitation. This board was comprised of ten members: 4 practitioners (two from ARCA, two from IARP), 2 educators from NCRE, and four Rehabilitation Counselor employers (two from CSAVR and two from NARF) (Geist, 1984). This structure remained consistent until the addition of an eleventh board member in 2002 representing the interests of CACREP during the first merger attempt between CORE and CACREP. The CACREP member remained on the CORE board up to and through the eventual dissolution of CORE in 2017 as a result of the CORE-CACREP merger (Tarvydas & Hartley, 2018).

Council on the Accreditation of Counseling and Related Educational Programs (CACREP)

CACREP was established in 1981 as an accrediting body from of the Association for Counselor Education and Supervision (ACES), a member of the American Personnel and Guidance Association (APGA), now known as the American Counseling Association (ACA)

(CACREP, 2020a). Currently, CACREP accredits eight different counseling specialty programs at the master's level (Addiction Counseling, Career Counseling, Clinical Mental Health Counseling, Clinical Rehabilitation Counseling, Marriage, Couple, and Family Counseling, Rehabilitation Counseling, School Counseling, Student Affairs and College Counseling) and one specialty at the doctoral level (Counselor Education and Supervision) (CACREP, 2020b).

As the counseling field developed and new specialties were identified (e.g. Marriage and Family Counseling, Clinical and Traditional Rehabilitation Counseling), existing CACREP standards were no longer sufficient to cover the diversity of clientele and scopes of practice of their constituency. The challenge faced by CACREP at that juncture was to balance the need retain specificity of the specialty regarding knowledge domains and scope of practice and the identification of one unified counselor identity.

As this expansion occurred, questions began to arise about whether the subspecialties under CACREP should be considered specialties of counseling, or separate identities altogether. In 2013, then-CACREP CEO Carol Bobby authored a statement that was favorable to both sides of the specialty argument: each of the subspecialties of counseling were unified by a strong counseling identity and orientation, but preserved their individual identities through each group's esoteric body of knowledge (Bobby, 2013). It is worth noting that because Bobby's statement was authored in 2013 (prior to the CORE-CACREP merger in 2017), there is no contextualization for the relationship between Clinical Rehabilitation Counseling, Rehabilitation Counseling, and dual-accreditation of Clinical Mental Health/Clinical Rehabilitation Counseling). Leaders within the discipline echo Bobby's statement, stating "each is a subspecialty and [counselors] should be mindful that we are not fields by omission, but rather what brings us together" (Schultz, 2019).

The CORE-CACREP Merger

The eventual merger between CORE and CACREP in 2017 was a successful second iteration of a failed attempt to merge between 2002 and 2007 (Tarvydas & Hartley, 2018). The first attempt at a CORE-CACREP merger began in 2002, when a Memo of Understanding regarding the possibility of a merger was established between the two organizations. At that time, CORE's governing board added a member of CACREP to its number, and CACREP added a member of CORE to their governing board as a display of unity in the name of transparency (Tarvydas & Hartley, 2018). A vote on the final merger was attempted in 2007, but concerns on behalf of CORE regarding the weakening of the profession caused the organization to fail to vote on the merger. Primarily, CORE held concerns about CACREP's establishment of a 60-credit Master's (also called Entry-level) as well as the caveat that faculty must be educated through Counselor Education and possess a strong counseling orientation. Prior to the merger, Rehabilitation Counseling (or Rehabilitation Psychology) had a strong orientation toward psychology, with many programs pursuing licensure as psychologists through the American Psychological Association (APA), and a merger with CACREP would force programs to end that affiliation (CACREP, 2020a; Tarvydas & Hartley, 2018).

A second merger attempt began in 2013, when CORE became a "Corporate Affiliate" of CACREP. In 2015, it was announced by CORE administration that a merger with CORE and CACREP would take place in 2017, without a vote by CORE's constituency. This caused significant discord within CORE, as members and stakeholders felt that they were not consulted accordingly (Tarvydas & Hartley, 2018). Rather than pause and delay the merger to solicit additional input, CORE and CACREP pushed ahead with the merger. In 2016, CACREP announced that there would now be a doctoral accreditation option for Counselor Education and

Supervision that could accommodate a PhD in Rehabilitation (CACREP, 2015). On July first of the next year, the merger was finalized and enacted. CACREP became the accrediting body for Rehabilitation Counseling, and CORE was dissolved as of July 30, 2017 (CACREP, 2020a). With the finalization of the merger, additional concerns were raised by the constituency of CORE regarding the future of Rehabilitation Counseling as a profession. Supporters of the CORE-CACREP merger saw it as an opportunity to connect Rehabilitation Counseling with one of the largest and most respected accrediting bodies. To be connected to CACREP is to be part of a very recognizable organization with a long history of credibility and accountability. Programs accredited under CACREP have access to the resources and coalition power of a united counseling front (and alignment with the ACA) with discrete specialties that require unique training.

Representation of Rehabilitation within CACREP

Under the 2016 CACREP standards, a Rehabilitation Counseling master's program has three options for accreditation: Rehabilitation Counseling (RC), Clinical Rehabilitation Counseling (CRC), and a dual Clinical Mental Health/Clinical Rehabilitation Counseling (CMH/CRC). As of 2018, Rehabilitation Counseling as a discipline (each of the three Rehabilitation-focused degree options) represents the third largest body of master's-level students within CACREP, behind Clinical Mental Health Counseling and School Counseling (CACREP, 2019).

Table 1

Representation of Rehabilitation- Focused Degrees in CACREP as of 2018

Program Name	Programs (Rank)	Enrollment (Rank)	Graduates (Rank)
Clinical Rehabilitation Counseling (CRC)	4 (T-12th)	76 (12th)	27(12th)
Rehabilitation Counseling (RC)	77 (4th)	2,973 (4th)	1,011 (3rd)
Dual Accreditation (CRC/CMH)	23 (6th)	1,111 (6th)	304 (6th)
All Degrees (CRC, RC, CRC/CMH)	105 (3rd)	4,160 (3rd)	1,342 (3rd)

This strength in numbers represents significant bargaining power in the overall student body of CACREP disciplines. Student enrollment in rehabilitation-focused degrees accredited by CACREP is also on the rise since accreditation, with CRC programs enrollment increasing by approximately ten students per program (2017- 9 students per program, 2018- 19 students per program), and dual-accredited CMH/CRC program enrollment increasing by nearly 19 students per program (2016- 29 students per program, 2017- 42 students per program, 2018- 48 students per program). Because RC has only been included in CACREP vital statistics since 2017, enrollment rates are only available for 2018. Currently, RC enrolls approximately 38 students per program (CACREP, 2019).

Within existing CACREP structures, Rehabilitation Counseling is represented by one of the current eight-member Board of Directors (CACREP, 2020a). Additionally, a member of the Rehabilitation Counseling profession is currently involved in a large-scale update to the CACREP standards as a member of the Standards Revision Committee, anticipated in 2023.

The serialization of the Rehabilitation Counselor role and function studies from the Commission on Rehabilitation Counselor Certification (CRCC) has been a touchstone for many within the Rehabilitation Counseling discipline, having been conducted since the early 1970's. These role and function studies (most recently published in 2018) set the standard for questions

that may become part of the Certified Rehabilitation Counselor Exam (Leahy et al., 2018). As empirically driven evidence for the essential tasks of a Rehabilitation Counselor, these studies influence policy changes in the Rehabilitation Counselor Scope of Practice (CRCC, 2018) and the CRC Code of Ethics (last revised in 2017). Prior to the CORE-CACREP merger, the results of these studies were used as the basis for updating the CORE standards (Szymanski & Linowski, 1993).

Locating Rehabilitation Counseling as a Profession

The Certified Rehabilitation Counselor (CRC) Scope of Practice Statement serves as a guideline for all the professional functioning of a Rehabilitation Counselor. This statement makes up a large portion of the Preamble of the CRC Code of Ethics, gives a comprehensive description of services a Rehabilitation Counselor can provide, a commitment to cultural diversity, and sets the client as the focus of these services (CRCC, 2017). The Scope of Practice has evolved with the times as new practice settings and functions are introduced and others fade out with the help of serialized role and function studies, the most recent of which was published in 2018 (Leahy et al., 2018). This body of literature is critical in understanding what a Rehabilitation Counselor *does* but is not very clear on what a Rehabilitation Counselor *is*. The merger between CORE and CACREP further muddies this understanding.

Big Hat vs. Two-Hat Ideology in Rehabilitation

There exists a decades-long argument in rehabilitation counseling about the discipline's location relative to the larger counseling profession. It has become a thorn in the side of many educators and researchers in rehabilitation counseling as the professional identity of

rehabilitation counselors is considered: is rehabilitation counseling a subspecialty of the larger counseling field, or is it distinct and therefore separate from counseling altogether?

The idea that counseling is a discrete profession from counseling is known as "big-hat" ideology. Popularized by Frederick Whitehouse in the 1970s, big-hat ideology posits that a functioning rehabilitation counselor (Whitehouse terms these professionals "rehabilitation clinicians") must have professional functioning in so many areas (e.g. vocational evaluator, educator, case manager, psychometrician) that it would be inappropriate to identify such a professional as simply being a counselor (Whitehouse, 1975). Whitehouse saw this connection to counseling as being limiting to the functionality of the rehabilitation counselor as a highly trained "jack of all trades" in the clinical arts (Whitehouse, 1975). For many years, big-hat ideology was used as the base for developing training and examination criteria for rehabilitation counselors as separate from the larger counseling field, weakening the bond between rehabilitation and counseling (Chan et al., 2004).

By contrast, proponents of the "two-hat" ideology believe that rehabilitation counselors have two main roles- counselors and case managers. Depending on the needs of the client a referral would be made to a highly-trained counselor who either specialized in psychological counseling for adjustment counseling, or a rehabilitation coordinator for vocational counseling and case management (Chan et al., 2004). Under two-hat ideology (sometimes known as the Iowa Point of View), rehabilitation is inextricable from the larger counseling field, and would benefit from the connection. Rehabilitation counseling's eventual merger with CACREP and adoption of the 60-credit hour masters to emphasize clinical training is born out of the two-hat ideology and the continued connection to counseling (Tarvydas & Hartley, 2018).

As an addition to the big-hat two-hat argument, Cecil Patterson offered commentary on how rehabilitation counselors should identify themselves. His conceptualization, as part of the 1960 series *Readings in Rehabilitation Counseling*, stated that the rehabilitation counselors should "identify [themself] with a basic profession, rather than attempt to develop a new, unique profession" and that "rehabilitation counseling would benefit by associating itself with others whose work is basically similar (p. 35)." This sentiment was primarily in reference to rehabilitation counseling aligning itself with the rapidly professionalizing counseling field but has wide applicability across rehabilitation counseling. There is a cruel irony that despite Patterson and other scholars discussing issues of identity to this extent half a century before, there still remains a need for work like the present study.

Unity & Saliency of Counselor Professional Identity

Professional identity in counseling has been researched extensively, with mixed results. As a concept, however, the idea of what factors make up a professional identity have been studied by Woo & Henfeld, whose 2015 validation of the Professional Identity Scale for Counselors (PISC) identifies six "unifying factors" that come together to create "counselor identity" (Woo & Henfield, 2015). Subsequent studies in counselor education (Scott, 2018), school counseling (Bryant, 2018), and career counseling (Littlefield, 2016) have shown wide-ranging support for continued exploration into counselor identity (Bryant, 2018; Littlefield, 2016; Scott, 2018).

Professional Identity in Counseling

Multiple qualitative studies have been done within the last decade with practicing counselors outside of Rehabilitation Counseling regarding the saliency of having a unified counselor identity. Work done by Mellin and colleagues in 2011 engaged in a discussion of the continued struggle to reach a unified counselor identity, and identified an inability to distinguish a true "identity" from specific tasks that are associated with counseling (Mellin et al., 2011). Cannon and Cooper (2010) echoed this frustration in their search for a unified counselor identity within the counseling field. One of the major concerns cited by Cannon and Cooper was the tension within the field seemingly caused by a lack of a unified counselor identity (Cannon & Cooper, 2010). In their grounded theory analysis and discussion of factors that determine counselor identity, Alves & Gazzola discovered that collectivism and collective belonging (in this study, membership in professional organizations) was a key factor in the development and preservation of identity as a counselor (Alves & Gazzola, 2011).

Counselor Professional Identity in Rehabilitation

There has been minimal literature in the intersection of counselor identity and Rehabilitation Counseling, particularly in the years since the CORE-CACREP merger. Phillips' work in professional memberships has identified that members of the Rehabilitation Counseling discipline draw some of their professional identity from collective belonging through the numerous professional organizations available to Rehabilitation Counselors, but identified that there are gaps in numbers for professional memberships (Phillips, 2011). In her 2015 discussion of professional identity formation in Rehabilitation Counseling master's students, Louw et al. (2015) lament the fragmented and inconsistent approach to a unified RCI. There is lack of an

updated contextualization however, as these studies were conducted several years prior to the 2017 CORE-CACREP merger.

Rehabilitation Counseling has not been without its calls for unification. Leahy, Tarvydas, & Phillips penned "Rehabilitation Counseling's Phoenix Project" in 2011 as a call for the professional organizations of the Rehabilitation Counseling discipline to unify under a common identity as a protective measure in response to CACREP's growing strength and potential to absorb CORE (and by virtue Rehabilitation Counseling itself) into its ranks (Leahy et al., 2011). The CORE-CACREP merger did come to pass in 2017, and rehabilitation did not succeed in executing its Phoenix Project. The counseling profession at large, however, has had a long-standing call for unity in its *20/20 Principles*.

The 20/20 Principles for Unifying & Strengthening the Profession

A major joint project headed by ACA President Sam Gladding and the American Association of State Counseling Boards President Jim Wilson called Vision 20/20 was designed as both an organizing and unity call across the counseling disciplines. Seven domains were identified as critical to the future of counseling; (1) strengthening identity, (2) presenting as a singular profession, (3) improving public recognition and advocating for professional issues, (4) addressing licensure portability, (5) expanding the research base in counseling, (6) focusing on current and future students, and (7) promoting client welfare and advocacy (Kaplan & Gladding, 2011). To further objectives 1-3, a Delphi study was conducted to produce a singular definition of counseling from a total of thirty-one organizations, including four representatives from rehabilitation: ARCA, CRCC, NCRE, and NRCA (Kaplan et al., 2014). The consensus definition of counseling emerging from this study was:

> *"Counseling involves professional relationships designed to assist individuals, families, and groups toward mental health, wellness, educational, and career goals"* (Kaplan et al., 2014)

Though eventual consensus on a definition was reached by 94% of the group, the authors of the study described the process as "arduous." From inception to completion the process of consensus took two years, and produced a definition that can be generalized to the entirety of counseling in some fashion. Additionally, the authors emphasized that the creation of a consensus definition (general as it may be) only serves as a beginning to unification as a profession (Kaplan et al., 2014).

Theoretical Frameworks of Interest

It is critical that all research is grounded in the theoretical, and has an empirically-guided reasoning for study. In this study, Burkholder's (2012) Professional Identity Expression model and Hall's Professional Identity Model will be used as a guide to protocol development and approach to the literature.

Burkholder's Professional Identity Expression (PIE) Model

Burkholder's Professional Identity Expression (PIE) Model invites a professional to experience professional identity through three levels: conceptualization, contextualization, and expression (Burkholder, 2012). Building from Boyer's (1990) understanding of scholarship related to professional identity of university educators, the PIE model expands this understanding to include members of the counseling profession through a process called "intentionality," a conscious effort to think and behave in a specific or expected way (Burkholder, 2012). For

counselors, intentionality can be reflected in the adherence to the ethical codes that guide the practice of rehabilitation through CRCC, specialty groups like IARP, and the counseling profession at large in the ACA Code.

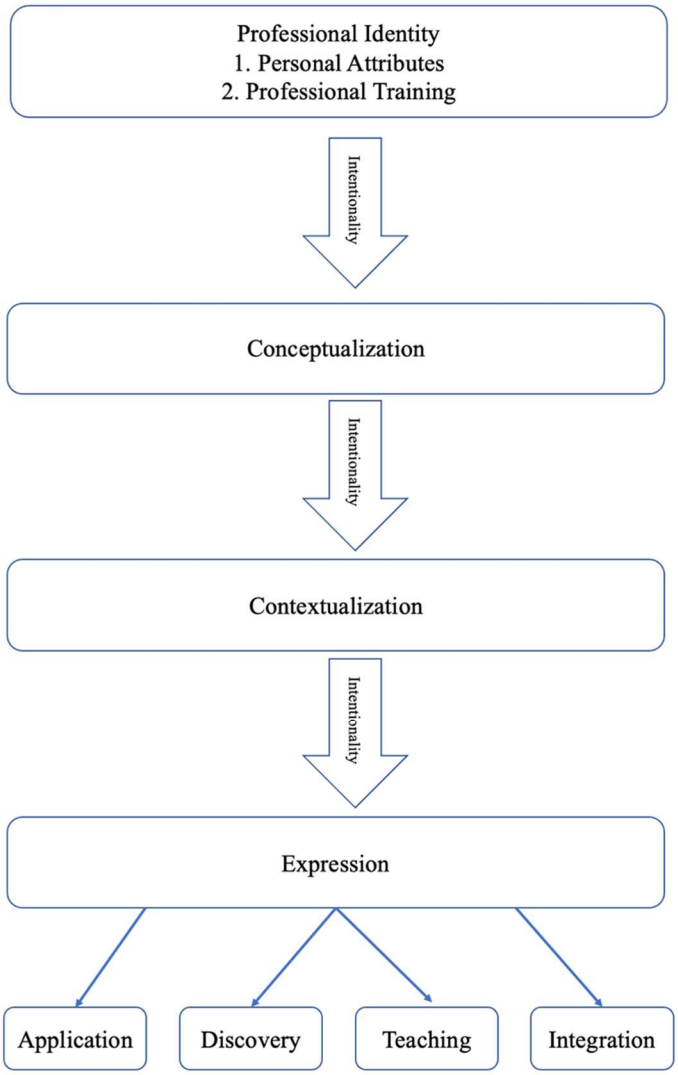
The components of professional identity Burkholder identifies consist of personal attributes and professional training, with an overarching statement that does not reduce professional identity to task or ideology but rather a recognition that "…professional identity more than just academic training" (Burkholder, 2012, p. 300). To further identify specific sources of professional identity development, Hall's Model of Professional Development is used.

To further explore the idea of professional identity, the *conceptualization* level encourages counselors to think about their antecedents of professional identity and how those fit into their chosen careers. For rehabilitation counseling, master's students often report that personal or family experiences play a role in their selection of rehabilitation counseling as a career (Louw et al., 2015). The process of understanding how a counselor arrived at their chosen field helps to conceptualize their idea of professional identity.

In the way the *conceptualization* steps ask counselors to think about how they understand their professional identity as an individual, *contextualization* asks counselors to relate their sense of professional identity with the rest of their field (Burkholder, 2012).

Figure 1

Burkholder's Professional Identity Expression (PIE) Model



Hall's Model of Professional Identity Development

To assist with further operationalizing Burkholder's sources of professional identity (noted in the PIE as "personal attributes" and "professional training" Burkholder, 2012, p.300), Hall's model of Professional Identity Development is utilized. Hall (1968) delineated a process for understanding professional development that rests on a twofold approach: structural bases of professional development and attitudinal bases of professional development. Both structural and

attitudinal factors work together to create a balanced professional identity development. Structural factors in professional identity development are related to organizational factors: professionalization, creation of ethical codes, establishment of training programs, and presence of professional organizations. Conversely, attitudinal factors are found in the beliefs regarding a profession: self-regulation and autonomy, belief in "being called" to the profession, and using professional organizations as referencing points for role models and exemplars of leadership & best practice (Wilensky (1964) in Hall (1968)).

Figure 2
Hall's Model of Professional Identity Development

The continued interaction between structural and attitudinal changes offer flexibility in understanding and provide a developmental approach to developing a salient professional identity. Louw et al. (2015) conceptualized this interplay within the Rehabilitation Counseling field in addressing salient professional development experiences for current master's students. This study found that on the structural side, students identified that increased knowledge of

Rehabilitation Counseling and Personal Experiences being the most influential to their professional identity development. On the attitudinal side, students identified that milestones or significant events in their own lives, as well as how other helping professionals outside the field understand what Rehabilitation Counseling is influenced their identity development. Key to the attitudinal perspectives, a significant amount of data was identified that underscored other helping professions having little to no understanding of the function or purpose of Rehabilitation Counseling (Louw et al., 2015).

Purpose of Study

The proposed study has utility across the rehabilitation counseling discipline. At its very core, understanding professional identity is central to both how rehabilitation counselors interact with other members of the counseling field as well as has the potential to influence training and education of rehabilitation counselors. The introduction of the CACREP accreditation model has caused significant disruption in the rehabilitation counseling field, and reconceptualization of rehabilitation counselor identity is necessary to move forward as a discipline.

Research Questions

Five research questions are posed for this study:

1. How do rehabilitation counselor educators currently understand rehabilitation counselor identity?
2. How have educators changed their positions on rehabilitation counselor professional identity as a result of the CACREP merger?

3. What do educators believe the impact the CORE-CACREP merger will have on current and future rehabilitation counselors' understanding of their professional identity?
4. What importance do RC educators place on having a unified professional identity?
5. Where do rehabilitation counselor educators locate RC in relation to the general counseling field?

CHAPTER TWO: Review of the Literature

Contemporary professional identity research in counseling stems from issues raised in the ACA's *20/20 Vision*. Of the seven total "consensus issues" identified by the group, three (strengthening identity, presenting as one profession, and improving public perception/recognition and advocating for professional issues) directly reference the idea of professional identity (Kaplan & Gladding, 2011). The emphasis on professional identity advancement reflects in the body of literature in both counseling and rehabilitation.

Specifically in rehabilitation, the process of the CORE-CACREP merger facilitated a flurry of literature related to the idea of rehabilitation's relationship with the larger counseling field. The consensus issues from the *20/20* Vision have been echoed historically through rehabilitation counseling literature. Rehabilitation counseling as a discipline draws much of its modern conceptualization of professional identity from legacy texts from authors like George Wright and C. H. Patterson, and derives basic ideology from the principles of rehabilitation philosophy. On the whole, the extant body of literature is diffuse with little study dedicated specifically to the topic, making it difficult to bridge the gap between literature groups.

Professional Identity in Counseling

The presence of professional identity is a way of members of one profession having the capacity to identify themselves to another. Conceptually, *professional identity* is a constellation. While professional identity is often considered a unifying factor across a profession, Slay and Smith characterize professional identity as being comprised of "attributes, beliefs, and values people use to define themselves" (2011). This set of characteristics is echoed in Hall's

conceptualization of professional identity, separating the essence of professional identity and its development into two categories: structural and attitudinal (Hall, 1968).

Structural sources of professional identity follow closely what Cruess discussed as being the definition of a profession; creation of an occupation, establishment of training schools and professional organizations, and the formation of ethical codes (Cruess et al., 2004; Hall, 1968). These sources are easily and tangibly identified within established professions. Less apparent are the attitudinal sources of professional identity. Using professional organizations as exemplars, feeling called to service, dedication to the field, and belief in self-regulation and autonomy are much harder to identify in a tangible way (Hall, 1968). A sense of being called to the field is heavily intrinsic, and the legitimacy of professional organizations as examples of professional identity if often predicated on the perceived legitimacy of the organization.

Gibson, Dollarhide, and Moss conceptualized counselor professional identity as "the integration of professional training with personal attributes in the context of a professional community" (p. 21) and focuses on professional identity being congruence between the professional self and the personal self (Gibson et al., 2010). The professional self is rooted in the ethos of a profession; the ethics, roles, and attributes of the professional (Auxier et al., 2003; Gibson et al., 2010), while the personal self is the amalgamation of individual characteristics that make up the whole person (Gibson et al., 2010).

This pattern of dual-sided conceptualization of professional identity development is reminiscent of the Minnesota Work Theory of Adjustment (MWTA). In the vocational context, a job or occupation identifies need from a worker (satisfactoriness), and the worker identifies needs from said job or occupation (satisfaction) (Dawis, 2005). The congruence of the two indicates a well-functioning relationship between a worker and a job or occupation. In the

professional identity context, the congruence of the professional self (e.g. Hall's structural influences) and the personal self (e.g. Hall's attitudinal influences) indicates a professional who has a robust ad functional professional identity (Gibson et al., 2010; Hall, 1968).

The idea of professional identity also manifests itself in the counselor supervision literature. Stoltenberg's Counselor Complexity Model specifically identifies the presence of "personal counselor identity" as one of the hallmarks of the "master counselor" (Stoltenberg, 1981). Auxier discusses the implications of counselor identity formation beginning in the master's training program and the need for a developmental approach to counselor identity (Auxier et al., 2003). In their discussion of counselor identity in relation to the CORE-CACREP merger, J. Barry Mascari and Jane Webber posit that while some professional identity develops during training, the majority of professional identity formation happens in the field, away from formal structures and pedagogy (Mascari & Webber, 2013). Again, the dual-sided conceptualization manifests and the confluence of structures and attitudes create professional identity.

Measuring Professional Identity

Under the 2016 CACREP standards, both master's and doctoral programs are required to teach and assess professional orientation and professional identity (CACREP, 2015). The entirety of Section 2 is dedicated to identifying ways in which programs must instruct students in issues related to professional identity (p. 9). The complexity of professional identity and its relationship to proficiency in the discipline makes this a significant challenge, as a person's experience with professional identity is deeply personal and contextualized.

As a way to quantify professional identity, Hongryun Woo and Malik Henfield developed the Professional Identity in Counseling Scale (PISC). Through the development and validation of this scale, six factors emerged from a total of 62 items: (1) Engagement Behaviors, (2) Knowledge of the Profession, (3) Attitudes, (4) Professional Roles and Expertise, (5) Philosophy of the Profession, and (6) Professional Values (Woo & Henfield, 2015). The validation of the scale was able to produce consistent results in a diverse sample (Masters and doctoral students identifying as counselors-in-training, practitioners, or counselor educators), and corroborated findings across the extant literature regarding factors influencing professional identity (Woo & Henfield, 2015).

One of the strongest indicators of functional professional identity in the PISC validation was Factor 1: Engagement Behaviors. The overall factor initially consisted of two separate structures (professional behaviors and professional interactions) but through factor analysis the two did not emerge independently (Woo & Henfield, 2015). Woo & Henfield hypothesized that professional behaviors and interactions existed co-dependently, that engaging in professional behavior (e.g. attending conferences) are naturally occurring environments for professional interactions to occur (e.g. meeting a colleague from another institution for lunch).

As a way of measuring perceptions about the specialty status (and by extension, identity as a specialty), Erin Barnes and colleagues developed the Rehabilitation Counseling Professional Identity Development Scale (RCPIDS) (Barnes et al., 2012). The results of the study indicated that on the whole, rehabilitation counseling masters students view rehabilitation counseling as a specialty within the larger counseling field. This study, though conducted five years prior to the finalization of the CORE-CACREP merger, are consistent with the current accreditation model, which identifies rehabilitation counseling (which also includes clinical rehabilitation counseling)

as a specialty content area within the larger counseling specialization. As an addressed area of further research from this study concerns the need to clarify trainee professional identity and the role of their environment (i.e. the department, its faculty, and/or field placement) in the formation of RCI.

Unified Professional Identity

Simply having a conceptualization of individual professional identity is not enough to be considered functional. In the *20/20 Principles*, significant space was allotted to the idea of unity in professional identity. Not only did the American Counseling Association identify that strengthening identity was the number one most important consensus issue, they expanded that idea into a second consensus issue: "presenting ourselves as one profession" (Kaplan & Gladding, 2011).

The unification idea from *20/20* only goes to a certain point, almost to the point of conflict. In the text of the consensus issue, the title harkens to a single identity across all of counseling. Similarly, the first section states that "the best structure for the future of counseling" (p. 371) must be researched and thoroughly investigated. After that strong narrative of a singular identity however, Kaplan & Gladding take a softer stance. The second and third bullet points attempt to coalesce to the counseling specialties, stating that counselor professional identity should "allow for additional designations of special interests and specialties" (p. 371) and promotes the idea that the differences in counseling specialties should be acknowledged (Kaplan & Gladding, 2011). This presents a conflicting argument: if the ACA is saying that each specialty should its own distinct professional identity, why go through the trouble of demanding the unity of professional identity?

Inconsistency in messaging or fractured conceptualizations of professional identity can be disastrous. During the period before the 2009 CACREP standards were enacted, Cannon and Cooper surveyed nearly 300 counselor educators regarding their feelings about the newly published standards (2010). During this study, the authors encountered a long-standing argument between the community counseling discipline and the mental health discipline. Ideological differences (especially relating to the collection and use of diagnostic information and practices) created significant tension in their approach and view of the 2009 standards. The two disciplines were diametrically opposed in such a way that community counseling felt that it would be impossible to adhere to the training mandates set forth by CACREP (Cannon & Cooper, 2010) fracturing or inconsistency of a unified professional identity can lead to unproductive tension and infighting within the profession (Cannon & Cooper, 2010). The number of community counseling programs accredited by CACREP has dropped significantly since the enactment of the 2009 standards, and as of 2018 only one such program still exists (CACREP, 2015, 2019)

Community counseling is not the only discipline to decide to withdraw from CACREP due to ideological differences. Student affairs counseling, college counseling, and gerontological counseling are all specialties that are no longer being accredited through CACREP (CACREP, 2019). The idea of common ideology or collective identity is a difficult concept, particularly when considering large disciplines like counseling. Things like ideological incompatibility and differences in training and credentialing are significant barriers to cohesion in professional identity. These barriers have the potential to produce incomplete or unarticulated professional identities, often regionalized or created by differences in institutional orientation (e.g. a rehabilitation counseling program oriented toward vocational rehabilitation may have a different professional identity than a rehabilitation program that is oriented toward psychosocial

rehabilitation). These incomplete professional identities and the resulting inability to articulate it to others can have serious implications, including role confusion and reinforcing professional stereotypes (Mellin et al., 2011). This can be especially apparent in instances of multidisciplinary teams, where a professional with an incomplete or unarticulated identity can struggle.

Collective membership is one way for professionals to engage and to build unified professional identity. One of the ways collective identity can be achieved is through membership in professional organizations. Professional organizations range from covering large groups of professionals (e.g. ACA, CRCC) to niche groups of highly specialized professionals (e.g. NAMRC, ACES). Belonging to one or more of these groups has been a key factor in helping professionals develop and preserve their professional identity, specifically counseling-related professional organizations (Alves & Gazzola, 2011; Woo et al., 2016). Membership in professional organization has the ability to capitalize on the interactional component of professional identity development as educators and counselors-in-training (Auxier et al., 2003; Woo & Henfield, 2015), and benefits licensed counselors who are involved in state- or local-level professional organizations (LaFleur, 2007).

The presence of professional identity offers more than simply a “nametag” for a profession. Across the counseling field, professional identity has been linked to a number of positive psychosocial outcomes. identified that full-time employment as a counselor educator provides the space and time to develop strong professional identity, while strength in professional identity has been found to correlate with increased leadership skill in school counseling and career counseling (Bryant, 2018; Littlefield, 2016; Scott, 2018).

Professional Identity in Rehabilitation Counseling

While the presence of professional organizations has been a boon for the development and preservation of professional identity, a question is raised, particularly in rehabilitation. How many is too many when it comes to professional organizations? There are many instances of redundancy in rehabilitation professional groups, particularly in the case of ARCA, NRCA, and NRA. Each of these groups have similar constituency, and had suffered from dwindling membership in the early 2010's despite an increase of credentialed rehabilitation counselors (Leahy et al., 2011; Tansey & Garske, 2007).

The continued decrease in professional organization membership presents a challenge to the legitimacy of professional organizations: while counselors who belong to one or more professional organization report having a stronger professional identity (Phillips, 2011), does the existence of the high number of rehabilitation professional organizations truly present a benefit to the profession as a whole? The idea of the "Rehabilitation Counseling Phoenix Project" sought to eliminate much of the redundancy of professional organizations through unification. Under the looming threat of the completion of the CORE-CACREP merger, leaders in the rehabilitation discipline were being faced with a reckoning: to "circle the wagons" and defend the professional identity of the rehabilitation counselor, or be subsumed by the larger counseling profession under the auspices of CACREP (Leahy et al., 2011). Ultimately, the calls for unification did not succeed, and while rehabilitation counseling as a profession remains intact there are many questions that need to be answered about the state of the rehabilitation counselor in a post-CACREP context.

One of the most recent studies relating to the formation of rehabilitation counselor identity was a qualitative analysis of master's students' perceptions of professional identity in

rehabilitation counseling. Of note, masters students most often reported not having a professional identity, or a professional identity that was oriented toward a particular competency or theoretical orientation (Louw et al., 2015). Perhaps more concerning was the findings that nearly 75% of respondents reported that they viewed non-rehabilitation counseling professions as having a lack of understanding of what rehabilitation counseling is, or worse, that other professionals view rehabilitation counseling as "…a low-paying paraprofessional field" (Louw, et al., (2015) p. 313). These negative stereotypes and perceptions will persist if action is not taken in the name of unifying the profession (Leahy et al., 2011; Mellin et al., 2011).

There are considerable differences in opinion regarding the CORE-CACREP merger. While this may not seem salient from a literature perspective, it is important to note that these opinions are often reflected both consciously and unconsciously within the extant rehabilitation literature. As CACREP moves into its first formal standards revision after the addition of rehabilitation- focused degrees in 2023, this group of literature and its contextualization becomes even more salient. Most critically, minimal research has been created in the domain of rehabilitation counselor identity in the wake of the CORE-CACREP merger (after 2017). This dilution of literature presents a potentially dangerous gap as rehabilitation counseling as a discipline moves forward under the auspices of CACREP.

Chapter 3: Methodology

Research Paradigms

To better understand the philosophical basis of Thematic Analysis (TA), it is critical to understand the three major research paradigms in research: positivism, post-positivism, and constructivism. Research paradigms exist as a way of understanding of the nature of "truth" and identifying how data is contextualized (Heppner et al., 2015; Ponterotto, 2005). By harnessing related assumptions about how data is viewed, research paradigms drive the understanding of collected data and provides a framework for methodology.

Positivism is, in essence, the scientific method; theory- or model-driven observations that rely on hypotheses or deductive reasoning to discover the absolute "truth." Positivism is generally represented through causal statements: "x causes (or explains) y" (Heppner et al., 2015; Ponterotto, 2005). The view of "truth" in a positivist paradigm is a definitive yes or no based on the collected data.

In a *post-positivist* paradigm, understanding meaning still relies heavily on the causality of observations and the existence of a single "truth," but identifies that "truth" is only able to be approximated due to the influence of contextualized experiences by participants and by researchers (Ponterotto, 2005). Post-positivism accepts that theories and models are less absolute frameworks, but become increasingly stable as consistent study results are presented (known as "corroboration") (Heppner et al., 2015).

The *constructivist* paradigm operates under the assumption that the nature of "truth" is entirely subjective, and therefore impossible to interpret into theory or hypothesis. Constructivism by nature identifies that the source of "truth" is inextricable from the experiences

of the researcher or participant (Heppner et al., 2015). A constructivist paradigm rejects the idea of categorization in favor of embracing the uniqueness of experience.

Philosophy and "Spirit" of Thematic Analysis

The "spirit" of TA lies in the five dimensions of scientific philosophy outlined by Ponterotto: ontology, epistemology, axiology, rhetorical structure, and methods (2005). Each dimension is contextualized by paradigm; positivist, post-positivist, or constructivist. Generally, TA as a method is flexible enough that it can operate from the full range of paradigms (Nowell et al., 2017), but for the purpose of this study, TA primarily operates under the constructivist paradigm with elements of post-positivism.

Ontology

The *ontology* of a subject is within the way the researcher approaches the nature of reality. TA holds to the constructivist view that reality is a socially constructed concept in which there are multiple and equally valid truths, a concept echoed across qualitative research methods (Heppner et al., 2015; Hill, 2012) and is therefore rooted in constructivism. The data collected from each participant is entirely unique and is unable to be explained by a single categorization or theory. Through the use of a coding team and member checking, TA interacts with the post-positivist paradigm to construct an approximation of reality that is based in several unique perspectives.

Epistemology

The nature of TA relies on *epistemology* to understand viewpoints of their participants. Epistemology is defined as the relationship between the researcher and participants (Ponterotto, 2005). From an epistemological standpoint, TA lies mostly in the constructivist paradigm with elements of post-positivism. This is mostly due to the influence that each party has on each other, which can both elucidate and distort the information obtained. The use of the interview protocol has the ability to mitigate some of the distortion (not used in a pejorative manner, here "distortion" refers to change and is considered neutral) by offering semi-structured interview protocols. By providing consistent information to construct themes in a post-positivist way and offering probes and opportunities for expansion and allow participants to deliver rich data that significantly contributes to the dataset but is unique to the individual and therefore constructivist in nature (Nowell et al., 2017).

Axiology

The role of the researcher and the research team is immersed in the collected data during a TA, and as a result is nearly impossible to separate the views and values of the researchers from influencing the results. Ponterotto identifies this influence as the *axiology* of the study: the influence of the researcher's values on the research process (Ponterotto, 2005). In regard to axiology, TA occupies the space between constructivism and post-positivism. The biases of each party are discussed in depth both during the coding phase as well as in the discussion of the results with a constructivist understanding (Braun & Clarke, 2006, 2019). To minimize this influence, the post-positivist structures of the semi-structured interviews were utilized to collect a similar set of data from participants, and researchers work to preserve individual meaning

through faithful representation of the data during coding (Hill, 2012; Nowell et al., 2017; Ponterotto, 2005).

Rhetorical Structure

The *rhetorical structure* of research refers to the way results are reported and the language in which the data is discussed (Ponterotto, 2005). In their description of establishing scholarly rigor in TA, Nowell et al. provided a specific context regarding reporting and dissemination that roots TA in the post-positivist paradigm. Similar to other qualitative pursuits, the aim of TA is to identify and bracket researcher bias and expectation (for additional discussion please see *Bias & Expectation*) and report the results without making broad judgments (Heppner et al., 2015; Hill, 2012; Nowell et al., 2017). The overall goal for TA is to have a richly-contextualized data set that is able to simultaneously highlight consistent themes as well as identify unique ideas regarding a participant's experience of a phenomenon.

Methodology

Methodology stems from the ontology, epistemology, and axiology of the researcher (Ponterotto, 2005). Methodology by definition is the process by which the data is processed and the procedure of the research method. The immersion of the research team in both the literature and the data that is necessary to complete a rigorous TA renders it impossible for the method to lie anywhere but constructivism. The extensive interaction of researchers with the data and naturalistic data collection settings were used to construct unique perspective on the meaning of a phenomena on both an individual and group level (Nowell et al., 2017; Ponterotto, 2005)

Appropriateness of Study for Qualitative Research

This dissertation is uniquely situated for qualitative inquiry. The richness of contextual data available cannot be captured through quantitative means, and the recency of the CORE-CACREP merger presents itself as a subject of interest that, in relation to the impact the merger has had on RCI, has not already been studied in-depth.

Research Team

To ensure the collected data is represented faithfully and to increase the rigor of the method, the data were coded, and consensus reached by a set team of researchers. The research team was comprised of rehabilitation counselor education doctoral students to ensure diversity of opinion and insight while maintaining a connection to the field. While potential research team members outside of this arena may have more experience in TA or qualitative research, the researcher believed that a member external to rehabilitation counseling may not be able to identify specific contextual clues unique to rehabilitation counseling as a discipline.

After the data was collected, transcribed, and corrected by participants, transcriptions of each interview were passed to the coders for coding and auditing. A two-person consensus provided checks on the coded data and ensured that correct coding procedure is followed and for consistent evaluation. Specific coding processes are outlined in *Data Analysis Procedure*.

Compensation

As part of recruitment for participation on the research team, members were notified that the primary compensation for participation would be through inclusion as authors in publications resulting from the study. At the time of initial analysis, monetary compensation was not offered

and the researcher is unable to offer extra credit for courses or general course credit. Once COVID-19 gathering restrictions be lifted and team member were able to obtain vaccinations, the researcher provided food and drinks at research meetings.

Team Structure

The research team for this study was comprised of a coder and an auditor. The researcher fulfilled the coding role, with an advanced doctoral student in rehabilitation counselor education filling the other auditor role. To minimize the impact of power differentials that may exist as the researcher having an evaluative or otherwise supervisory role, the relationship between the coders is explicitly defined in the *Researcher-as-Instrument* statement.

Training

To ensure the research team's competency in data organization, the team underwent a two-step training procedure. The first step was for the research team to establish a didactic base by engaging in the TA body of literature, including philosophical and conceptual works that demonstrate the TA process. Through this study, the research team was able to have a more sound theoretical and conceptual grasp on the process of conducting TA. The second step in the training process occurred after the researcher conducted the pilot interview. The responses of the pilot interview were utilized as an experiential training exercise to assist the research team with mastering the procedural elements of TA. As a secondary benefit to this training exercise, the responses collected during the pilot interview were used to create a preliminary coding framework for full-case coding. Developing a set of preliminary themes is strongly encouraged in TA, generally through literature consumption (Lincoln & Guba, 1986; Nowell et al., 2017).

Due to large gaps in the literature and the recency of the studied phenomenon, the researcher felt it would be more beneficial to supplement literature review with the development of a nascent version of the coding structure via a pilot interview.

Bias & Expectation in Qualitative Research

To alleviate the effect of bias on the coding data, research team members were trained in recognizing bias and expectation, and spent time as a group identifying and discussing individual and group biases. The process of disclosure and debriefing related to expectation or bias in qualitative research adds significant rigor to the method and establishes additional elements of trustworthiness to the data (Lincoln & Guba, 1986; Nowell et al., 2017).

Researcher-as-instrument

The researcher, Katherine Friedman, is a 28-year-old, married, queer, Caucasian woman. She received a Bachelor of Science degree in psychology from Le Moyne College, and a Master of Arts in rehabilitation counseling from Assumption College. During her master's practicum and internship, she worked as a Clinical Vocational Specialist at UMass Memorial Community Healthlink, providing wraparound vocational services to adults with severe mental illness, substance use disorder, and physical disabilities. Of this group, special emphasis was placed on clients who were considered psychiatrically high-risk, actively using substances while holding a dual diagnosis (substance use and mental illness), or medically complex. The researcher is currently pursuing her Ph. D. in Rehabilitation Counselor Education at the University of Wisconsin-Madison, and did her doctoral counseling internship at the Edgewood College Cutting

Edge program, assisting current and incoming college students with cognitive and intellectual disabilities to transition to inclusive higher education.

The researcher acknowledges her biases relating to the research topic and research questions. Of particular note, the researcher remembers an instance during her master's education, when a room of rehabilitation counseling students were asked the question "what is a rehabilitation counselor?" The subsequent sharing of definitions (most of which were task-focused or overly specific to an agency) made it clear to the researcher that there were discrepancies in a collective professional identity for rehabilitation counselors. The ensuring frustration with the question, having to create her own definition (That definition: "A rehabilitation counselor is a specialized counselor trained to work with people with disabilities focused on psychosocial issues related to independent living and employment"), and minimal recognition of the rehabilitation counseling field has led the researcher to explore the topic, but makes her vulnerable to bias by virtue of having her own definition.

The inherently political nature of the study also introduces significant bias in both the writing and reviewing of the study. Rehabilitation counselor educators each have strong opinions or feelings regarding the CACREP merger, and that includes rehabilitation counselor educators-in-training. This opens the data to bias in writing, as the researcher has her own opinions about the merger. The overarching opinion of the researcher is that merging with CACREP will be a benefit, but the execution and resultant fallout of the merger was handled in a way that was dangerous to the profession, including further fracturing and confusion of rehabilitation counselor professional identity. This bias has the potential for the researcher to view CACREP and the merger in a more favorable light, and view those responsible for the merger on the CORE end more critically. The researcher also acknowledges her naiveté in the discipline and

the subject, having entered master's study in Fall 2015, and graduating from a program in Spring 2017 that was a legacy addition into the CACREP accreditation model.

The coder in this study is a Ph.D. student in his second year of study. He holds a master's degree in Rehabilitation Counseling, and he has several years of experience working with individuals with disabilities including those with autism spectrum disorder (ASD), multiple sclerosis (MS), traumatic brain injury (TBI), intellectual disabilities, cognitive disabilities, and transition-aged youth with disabilities. He is a 26-year-old, single, Caucasian male. Although the present study was of interest to the coder, the overall topic is not typically a major point of focus in his academic career and rarely arises in his personal and professional discussions.

Despite only a passive interest, the coder does understand the implications that the CORE-CACREP merger has on his own experience and the field abroad, and he does have certain opinions which have at times both been consistent and contrasted with those of the primary author and several participants. It may also be worth mentioning that part of the second coder's opinions and views have been developing and formed since a young age, due to both personal encounters with disability and a family member who is also in the field of rehabilitation counseling. During coding and consensus building sessions, the researcher and the coder discussed some of these opinions and views, both their immediate roles and implications and the nature by which they have been developed and reinforced, and took great strides to ensure that any bias that may have been present in the coding process has been acknowledged, challenged, and, to the best of their ability, removed from any influence in the final research product.

Defining bias & expectation

It is important to note that while bias is typically considered a negative or pejorative term, the idea of bias (and by extension, expectation) in this context is a neutral item. In qualitative research, bias has been defined as "personal issues that make it difficult for researchers to respond objectively to the data" (Hill, 2012, p. 61). The research team recognizes their own immersion creates bias, and chose to pursue this topic anyway. Bias exists in each person, and it would be impossible for the research team as a collective to completely remove all vestiges of bias.

Expectation is an artifact of literature consumption and research question development. Similar to Wegner's "white bear" problem (1989), the increased presence of themes or ideas in the surrounding literature can cause the researcher to form beliefs about what "should" be found within the data. The idea of expectation, much like bias, tends not to be positive or negative. In the research context, both expectation and bias can be understood through candid reflection & discussion, intentional selection of teams, and bracketing (Nowell et al., 2017).

Addressing bias & expectation

There are several ways to address bias in TA and qualitative research in general. It is important that the research team revisit discussions of bias and expectation consistently throughout the data coding process, and for the researcher to continuously reflect on their own biases and expectations for the duration of the writing process.

To ensure continued engagement, each team member completed a brief module on understanding bias that include critical self-reflection and critical definitions (e.g. expectation, bias). Beyond the initial self-reflection of biases, the research team as a group regularly came

together and processed the potential that each person's biases may have on their objectivity. Part of these discussions and reflections included consistent messaging that the biases each person encounters are not value-laden (not positive or negative) but are characteristics of the self that should be recognized and made space for. It is important in that instance that coders and auditors are selected with intentionality to have characteristics and viewpoints to create balance. However, the necessity to include a diverse research team is not to negate bias; it is to ensure that as many types of bias are included as possible.

As the presence of bias is perennial, Hill recommends using the process of *bracketing* to make sufficient space for each team member's biases in qualitative research. As defined by her text, Hill's definition of bracketing is "being aware of and setting aside biases" (Hill, 2012, p. 180). The awareness component is critical in understanding and addressing bias. To set aside individual bias is not to attempt to remove bias entirely from the data coding; rather it is to make space for the bias to be present, but not overwhelm the data.

Expectations of the data is primarily a concern of the researcher, who has spent several months immersed in the literature and development of the dissertation. That is not to say that the other members of the team are not exposed to literature or activity that creates data expectations, in the case of this dissertation literature encountered in the Foundations of Rehabilitation master's course or Leadership & Professional Issues doctoral seminar. To better understand these expectations, the research team conducted regular group discussions as well as engaged in individual reflection.

Interview Protocol

The guiding mechanism for data collection in this study was a semi structured interview. This interview protocol was developed by the researcher and then reviewed by a "content expert" who was chosen for their knowledge of the subject matter. For this dissertation, the content expert was chosen for their knowledge of professional identity, professional issues, and/or counseling leadership in Rehabilitation Counseling.

Development of protocol

To develop a well-rounded interview protocol, an initial pool of questions was created and evaluated by the researcher and a content expert for clarity, appropriateness for content area, and overall construction of the protocol. The interview protocol has questions focused in collecting summary data about participants (e.g. basic demographics, training, professional organizations) and questions related to the participant's perception of rehabilitation as a discipline (e.g. sources of professional identity formation [both personal and as an educator], saliency of a unified professional identity, future directions to preserve rehabilitation counseling).

The final interview protocol product resulted in a semi-structured interview, designed to be delivered in approximately 45 minutes. There was sufficient space identified for participants to "go off script" and for the researcher to engage in additional discussion not initially included within the interview protocol. To compensate for the semi-structured nature of the interview protocol, the total time estimate for participant scheduling was 60 minutes.

Content expert

To ensure quality protocol development, a set of selection criteria were identified for the content expert. To be considered, the expert must (1) have attained a rehabilitation-focused Ph.D. (e.g. Rehabilitation Counselor Education, Rehabilitation Counseling), (2) be employed by a CACREP-accredited college or university that grants rehabilitation-focused degrees (Rehabilitation Counseling, Rehabilitation Counselor Education, Clinical Rehabilitation Counseling, and/or Clinical Mental Health/Clinical Rehabilitation Counseling), and (3) have recently (within the last five years) published research in a peer-reviewed journal on professional issues, professional identity, or counseling leadership within rehabilitation.

The content expert for this study also served as the pilot participant as well as a member of the researcher's dissertation committee. A longtime rehabilitation counselor educator, the content expert has published in multiple journals regarding issues of professional identity.

Pilot Study

After the interview protocol had been reviewed, edited, and revised, the researcher piloted the interview protocol with one person who meets all of the criteria for the study but will not be considered part of the sample. The result of this interview was used by the coding team as an exercise in reflexive coding practices as well as assist in the development of preliminary themes. At the conclusion of this interview, the researcher sought feedback from the pilot participant and revise the protocol if needed.

Interview

Due to logistical barriers and ongoing public health concerns, interviews were conducted using Zoom videoconferencing software. The use of videoconferencing software allows for greater geographic reach of participants as well as increase flexibility for participants to schedule interviews. Participant interviews were conducted via Zoom, lasting between 34 and 90 minutes, with an average time of 57 minutes per interview. Of note, participants who had an existing relationship with the researcher had longer interviews.

Interview protocol dissemination

To maximize the richness of the collected data, participants were sent the interview protocol approximately 48 hours before the interview for review. Prior dissemination of the interview allowed participants to think on their experiences and collect their thoughts prior to the interview as well as have the opportunity to reflect on whether or not they feel able to participate.

Recording

The interviews were audio recorded, transcribed, and encrypted for safe data storage in accordance with IRB requirements. Recording and data storage procedures were discussed with participants as part of the consent process. Once the transcriptions of the interview was completed, a copy of the transcript was sent to the participant for corrections and/or clarifications, a process called “member-checking” (Lincoln & Guba, 1986). The process of redistributing the interview to the participant ensures the fidelity of the data is maintained and that the participant regard the researcher as a trustworthy source to interpret their meaning,

which is critical to the process (Lincoln & Guba, 1985). At the conclusion of data analysis, the interview recordings were deleted.

Data Analysis Procedure

As part of the establishment of a rigorous research methodology, the data analysis procedure will follow an inductively-focused reflexive coding system using the six-phase procedure conceptualized by Nowell, et al. (2017). This method utilizes the criteria for trustworthiness in qualitative exploration set by Lincoln & Guba (1986). While conceptualized as a linear phase process, Braun & Clarke (2006) emphasize that the coding and subsequent analysis is reflexive and iterative. For additional discussion, refer to the Validity and Trustworthiness section.

Phase 1: Familiarizing the data

The process of qualitative study dictates that the research team be intimately familiar with the data (Heppner et al., 2015). In this study, there were two sources of data: the transcripts of the participant interviews as well as the researcher's field notes taken during the coding process. Nowell et al. encourages researchers to be "honest and vigilant" (2017, p. 5) regarding their thoughts, feelings, and reactions to the data and to take rigorous accounts of these, as they contribute to the overall coding process and represent valuable contextual information.

To track progress of data reading, the researcher kept an Excel sheet with the list of interview (case) transcripts. The case transcripts and observational notes were uploaded to a shared NVivo (version 12) for ease of access. The research team also kept detailed notes of their

engagement and met regularly to discuss their experiences with the data, a process that will continue through the end of the coding process (Nowell et al., 2017).

Phase 2: Generating initial codes

The second phase of the research requires the research team to generate an initial list of codes based on their interaction with the data as a way of thinking about the data as a unit rather than individual cases. The research team began with a nascent version of the codes based on the output from the pilot testing participant to assist with additional code generation. This first formal iteration of code development is meant to be a way of labeling and organizing the data in a way that showcases larger ideas and defining the components of those ideas (Nowell et al., 2017). While not considered a data reduction technique, the development of codes should be able to easily describe the entirety of data.

This coding process can be adjusted or recoded as many times as the research team deems necessary (Braun & Clarke, 2006). Codes should not leave gaps in the data, nor should there be significant amounts of overlap or redundancy. Gaps in code create areas that are not captured, while redundancies create opportunities for data to be double- or improperly-coded (Nowell et al., 2017). Because of the highly reflexive nature of the coding scheme, the research team kept a detailed account of the changes in the coding scheme to establish an audit trail, a necessary component of trustworthy qualitative data analysis as set by Lincoln & Guba (1986). Once the preliminary codes have been developed, the research team met and discussed the development and content of codes. Disagreements or discrepancies in the code will be noted in the audit log and result in a consensus-building discussion to determine how to code the item.

Phase 3: Searching for themes

Once initial coding of the data has been completed, the research team worked together to create *themes* from the code. While code serves as an organizational delimiter of the data, themes are a way of assigning meaning to the same or similar codes (Nowell et al., 2017).

Similar to Phase 2, the research team has access to a preliminary set of themes from the pilot study to assist with developing further themes. Through this process the research team kept notes that outline their decision-making process, and at the conclusion of individual theme-building, the research team met to compare themes and to resolve discrepancies or disagreements. At the suggestion of Braun & Clarke, a general "miscellaneous" theme was created as a repository for items that may not fit within the current thematic structure (Braun & Clarke, 2006).

While the thematic approach is nearly entirely inductive, King (2004) cautions researchers in the pitfalls regarding the relationship between theme development and their guiding research questions. The very existence of a research question creates a "theme" for the research. King warns researchers not to get drawn into the structure of their research questions to guide the creation of themes within the data and to allow the data to lead the discovery of themes (King, 2004). If the research questions are too heavily leaned on by the research team during coding and theme development, elements of the collected data may be inappropriately characterized, and the researcher deprives the data of telling a rich story. The use of an inductive approach to analysis can cause deviations from the research questions, but to use a deductive approach dilutes the data by imposing the structure of the research questions (Braun & Clarke, 2006). By balancing the approaches through test case coding, the researcher remained adjacent to the research questions while still being able to delve into the story of the data.

Phase 4: Review of themes

During this phase, the overall coding and thematic structure is evaluated (Nowell refers to this process as "interrogation" (2006, p. 9). Researchers reviewed specific sections of data tied by code and/or theme and adjust as needed in keeping with the reflexive nature of TA and the needs of the data. During this phase, the research team may discover that there are codes/themes that are redundant, too broad, or too narrow. To work through these issues, it is critical that the research team return to the transcript data as well as the audit log to track the development and course of the specific code. This process is also useful in further establishing the validity of coding (Lincoln & Guba, 1986). At the conclusion of this phase, the researcher was able to construct a strong narrative and be able to extract meaningful themes from the data (Nowell et al., 2017).

Phase 5: Defining & naming themes

The "sifting and winnowing" of themes in TA is a process that scholars have recognized can be endlessly iterative (King, 2004). Phase 5 exists to identify a stopping point to the refinement of themes. In a study with a single coder, the analysis would need to be reviewed by an external party. In this instance, both coders will need to agree on the thematic construction of the data to achieve an end point using peer debriefing as a tool (Nowell et al., 2017)

As a way of internally assessing consistency outlined by King is the idea that each member of the research team should be able to clearly identify and differentiate the themes within the data independently with similar results (2004). Braun & Clarke posit that the ability of the researchers to describe themes completely, yet concisely as a metric for assessing whether or not the analysis is complete.

Phase 6: Generating data reports

The end product of a TA should be a well-rounded representation of the data, including direct quotes, excerpts from the audit logs or reflexive journals, and portions of the raw data (Braun & Clarke, 2006; King, 2004; Nowell et al., 2017), Nowell et al. utilized the Consolidated Criteria for Reporting Qualitative Research (COREQ) to increase the transparency and accessibility of the research (Tong et al., 2007). This study also utilized the COREQ checklist to ensure robust data reporting.

Critical to establishing the credibility of the TA is the coherency of the story told by the data. Simply providing a description of the extracted themes does "little justice to the richness of the data" (Braun & Clarke, 2006, p. 11), and the lack of contextualization or demonstration of thought process damages the overall credibility of the data. Without contextualization and interpretation of the themes, the data loses much of its credibility and simply becomes a graphic organizer. The addition of interpretation has the potential to add significant scholarly value to the research, while connecting the data back to the literature has the ability to add an element of credibility or plausibility to the data (Nowell et al., 2017). This study aimed to do both: add scholarly insight to the development of rehabilitation counselor identity, while connecting those factors to the extant literature and rehabilitation philosophy.

Trustworthiness in Qualitative Research

A critical component, and perhaps the most important to consider methodologically, is the idea of validity and trustworthiness in the data; that the coding team conduct themselves in an ethical manner. While the notion of validity is most often associated with quantitative pursuits, it remains an important factor in qualitative research: how do readers know the researchers did

their due diligence in the study, and reflexively, how can researchers impart that they are measuring the intended variables? In TA, the "validity" of the data is established through two means; (1) robust reporting (e.g. use of COREQ or JARS-Qual standards), and (2) the concept of *trustworthiness*. Trustworthiness, as explained by Lincoln and Guba (1986), represents an allegory to the qualitative notions of rigor: internal validity, external validity, reliability, and objectivity: credibility, transferability, dependability, and confirmability respectively (Lincoln & Guba, 1986; Schwandt et al., 2007). This parallel was not constructed to offer alternatives to scholarly rigor; rather an understanding of these values applied to qualitative methodology. While quantitative research relies on numbers and statistics to help the reader understand the legitimacy of the results, qualitative research must rely on a reader's belief that the results are worthy.

To establish rigor in this study, the researcher utilized the COREQ checklist (Tong et al., 2007) and the JARS-Qual standards (*Publication Manual of the American Psychological Association*, 2020) to guide both high quality writing but also high quality procedure. Conceptually, the researcher employed a number of strategies to reflect the concept of trustworthiness as suggested by Lincoln & Guba and the rigor established by Nowell (Lincoln & Guba, 1986; Nowell et al., 2017).

To maximize the credibility of the data, the researcher utilized a number of procedures that are characteristic of TA, namely data immersion, member checks, and peer debriefing (Lincoln & Guba, 1986; Nowell et al., 2017). The researcher uses "thick" descriptive data in the dissemination of the results of the study. While "thick" as a concept is nebulous, Lincoln and Guba describe it as a feeling conveyed to the reader, that the results make sense in the larger

context and that readers could locate "…all or part of the findings elsewhere" (Lincoln & Guba, 1986, p. 77).

The primary method for establishing dependability and confirmability in the data as identified by Lincoln & Guba (1986) is through the establishment of audit trails and the use of an audit. The researcher kept detailed audit logs detailing her decisions and through processes related to making choices in coding. While the researcher will not utilize a "competent, external, disinterested auditor" (Lincoln & Guba, 1986, p.77), the researcher did utilize a second coder to create an independent analysis of the code and utilize a consensus-building approach to determining the final code structure. This process also requires a detailed audit log, and the researcher and coder recorded their decisions and rationale in the name of increased transparency.

Sample

This study utilized purposive sampling to identify and recruit participants. While a true random sample tends to be a desirable characteristic in research, the theoretical underpinnings of this study and of qualitative research (namely, the rejection of standard norms of 'validity' in favor of 'trustworthiness' (Lincoln & Guba, 1986)) do not deem it critical that the selected sample is truly random as long as the sample contains enough homogeneity to make generalizability a reasonable possibility (Heppner et al., 2015). To this end, the researcher identified that each participant have three stable characteristics: (1) an earned doctoral degree (Ph.D., Ed.D., or Rh.D) in a rehabilitation-focused subject, (2) currently teach in (or retain emeritus status from) a CACREP-accredited rehabilitation counseling program, and (3) be considered "content-rich" by virtue of participation in leadership activity in rehabilitation

counseling professional organizations, contributions to rehabilitation leadership literature, or involvement with standards revision for CRCC.

As a way of further establishing legitimacy in the sampling method, the researcher adopted techniques conceptualized by Palinkas and colleagues to add increased trustworthiness to qualitative data used in mixed methods design (2015). By targeting participants who were deemed information-rich, the researcher was confident that the collected data would be rich and identify depth of theme. The sampling method is also partially adapted from the method used by Shaw, Leahy, Chan, and Catalano (2006) in their exploration of leader perspectives of contemporary issues in rehabilitation counseling, which included an analysis of professional identity.

Potential participants were identified through a two-person consensus approach, with specific attention to maintaining multiple layers of diversity in the sample. To minimize the influence of power dynamic and threat to internal validity, participants that are currently members of the researcher's dissertation committee were excluded from participation. Intentionality was used in selection to exclude participants that trended to extremes (e.g. known overt anti- or pro-CACREP ideology) as a way of ensuring that the interviews were productive. While this practice introduces regression to the mean and selection bias, the research team deemed it necessary to ensure that interviews were able to be conducted productively.

Recruitment

Participants who met the aforementioned eligibility requirements were contacted by the researcher and recruited via e-mail. Follow-up emails were sent to prospective participants two and four weeks after the initial contact. If a participant did not respond within two weeks of the

four-week follow-up (six weeks after initial contact), the participant was no longer be considered eligible for participation.

Sample size

In their extensive discussion of the idea of (and by extension, legitimacy of) data saturation in qualitative research, Braun & Clarke reject the notion of data saturation in favor of "thematic exhaustion;" a point at which no new themes are being generated from the data (Braun & Clarke, 2019). Guest et al. were able to identify 94% of the major themes in data from a sample size of six, and 97% in a sample of twelve (Guest et al., 2006). In keeping with the idea of thematic exhaustion, a total of 15 participants were recruited for participation. The participant response rate is expected to be approximately within the organizational research average (Baruch & Holtom, 2008) with between 50%-70% of recruited participants completing all steps of the research process (interview, corrections, follow-up) for a final target participant pool of 6-10. The final participant pool of 15 targeted participants yielded 12 participants accepting interview requests (two non-responses, one declined), and 11 participants completing the initial scheduling, interview, member checking, and follow-up for an overall response rate of 73%. Of the participants that did not finish the process, two participants (13%) did not respond to the recruiting emails, one participant (7%) declined to participate, and one participant (7%) agreed to participate in the study but did not schedule an interview.

Participant characteristics

The overall participant pool in this study included a total of eleven participants. From an overall perspective, the sample trended toward White individuals (n=7) at Predominantly White

Institutions (PWIs) (n=7). Regionally, the sample was clustered in the Southeastern US (n=6), with two participants from the Southwest, and one participant each from the Midwest, West, and Northeast. Additional discussion of participant characteristics is discussed in *Chapter 4: Results*.

Chapter 4: Results

This chapter contains the results of the Thematic Analysis conducted to answer the following research questions:

RQ1: How to rehabilitation counselor educators currently understand rehabilitation counselor identity?

RQ2: How have educators changed their positions on rehabilitation counselor professional identity as a result of the CACREP merger?

RQ3: What do educators believe the impact the CORE-CACREP merger will have on current and future rehabilitation counselors' understanding of their professional identity?

RQ4: What importance do RC educators place on having a unified professional identity?

RQ5: Where do rehabilitation counselor educators locate RC in relation to the general counseling field?

Sample

The final sample for this study consisted of eleven participants. Ten participants held academic positions within their institutions in rehabilitation counseling-oriented department (including counselor education, rehabilitation counselor education, and counseling), and one participant holds a concurrent appointment as a director of research and training as well as a teaching appointment. Five participants are employed in programs that grant doctoral degrees in rehabilitation counseling or offer a doctoral concentration in rehabilitation counseling. All participants hold a doctoral degree in a rehabilitation or counselor education-oriented field, with concentrations at the University of Wisconsin-Madison (three participants) and Michigan State University (two participants). Other alma maters in the participant pool include the University of

Arkansas, the University of Iowa, Northern Colorado University, Southern Illinois University-Carbondale, and the Acharya N.G. Ranga Agricultural University.

When asked to introduce themselves, most participants described their professional affiliations, work experiences, and people influential to their career. The professional affiliations of the participant ranged from university-specific roles to national organization membership and/or leadership. Due to the significant diversity in information, there were very few consistent constellations of professional organization memberships. Ten participants identified themselves as members of NCRE, eight identified themselves as members of ACA, ARCA, and/or NRA, while five identified being members of ACES. There were also several participants who currently serve as site visitors for CACREP or had served as site visitors for CORE in the past.

Six participants identified a desired career path or pre-academic career path as part of their journey to becoming a rehabilitation counselor educator. One participant remarked that they wanted to be a rehabilitation administrator rather than an academic, with others identifying desired career paths in career consultancy, occupational therapy, and in diplomacy and foreign policy. Eight participants identified that they had been recruited to the rehabilitation field "by accident" or serendipitous meeting. One participant stated that they were drawn to the field because they had other family members in rehabilitation counseling and rehabilitation counselor education. Another participant identified that while they were initially unsure of their career path, they were drawn to rehabilitation counseling because they had been a vocational rehabilitation consumer and felt strongly that they would like to give back to a program that was of critical assistance.

In most cases, participants identified that their recruitment to the field of rehabilitation counseling at the masters doctoral, or academic career level was tied to one or more person who

was a member of the rehabilitation counseling field. These "influential people" crossed many institutions and areas of the rehabilitation counseling field, including professors, supervisors, colleagues, and role models. In this study, the most frequently mentioned influential people were Mike Leahy, Fong Chan, Norm Berven, Malachy Bishop, Ruth Lynch, and David Rosenthal.

Data Collection Procedure

Interviews (also referred to as data units) were conducted using the Zoom videoconferencing platform, lasting between 33 minutes and 91 minutes for an average of 57 minutes and a median of 53 minutes per interview. Of the eleven interviews conducted, only one session encountered issues with internet connection, resulting in two separate session crashes. This has not been identified as an area of concern for data collection because the researcher and participant were able to reconnect quickly and with minimal interruption in lines of questioning.

After the interview had been completed, the researcher uploaded an audio transcript of the interview to the Otter.ai transcription software for transcript processing. Once the transcript had been processed, the researcher did a cursory overview and corrected obvious errors in transcription (e.g., "cake crap" instead of CACREP) as well as identify missed transitions between speakers. This version of the transcript was emailed to participants for member-checking with a request to review and make additions or clarifications as necessary to the transcript before sending it back to the researcher for analysis. At the conclusion of this project, audio transcripts will be destroyed in accordance with institutional policy.

Data Analysis Procedure

After the completion of member-checking, the finalized transcripts were uploaded to nVivo software for qualitative analysis. The data analysis procedure began with the researcher and coder doing an initial reading through the interview transcripts without coding to get a feel for the corpus of data. Initial impressions were discussed, and an agreement was reached on the frequency of consensus-building meetings.

The initial consensus-building process began with each member of the team coding a unit independently, then performing a line-by-line consensus of the data. While this process resulted in rich conversation about data meaning and how each team member understood initial categories (from the pilot dataset), the process proved to be incompatible with the established timelines of the project. To alleviate this issue, the research team opted to pursue a modified consensus process. The modified consensus process took place in three steps: (1) the researcher did a thorough coding of a data unit and passed it to the coder, (2) the coder conducted a confirmatory check of the data while noting inconsistencies and disagreements as well as points of alignment, then (3) the researcher and coder met together to discuss the data units and reach a finalized consensus. While this method does not represent the "ideal" of a consensus-building approach, it was felt that the methodology used was the most compatible given the team and project structure.

Question 1: Defining Rehabilitation Counselor Identity

> *"At the end of the day, I guess I don't care if someone says they're a rehab counselor, I do care if they know how to interact and*

provide services to people with disability, and hallmarks of our programs should be disability and employment."

Coding for research question 1 yielded a significant amount of information relating to how educators conceptualize RCI as a concept. Four larger themes emerged from the data corpus: functional definitions of RCI, philosophical definitions of RCI, sources of RCI, and a discussion of an identity crisis within the rehabilitation counseling field.

Table 3

Question 1: Defining RCI

Major Themes	Subthemes
Functional Definitions	• Goal Development & Achievement • Helping people with disabilities • Advocacy as an imperative
Philosophical Definitions	• Rehabilitation Philosophy • Employment as an identity and intervention • Expertise in disability as a subject
Sources of RCI	• Strength from role models at doctoral programs, field placements, & the CRC credential. • Confusion from diffuse hiring (d/t CSPD), redundancies in professional organizations, and longstanding separation from the larger counseling field.
Identity Crisis	• External Recognition & Marketing of RC • Fallout from CSPD breakdowns • Increasing incompatibility of "old guard" mentality with "new guard" mentality.

A Functional Definition of Rehabilitation Counselor Identity

> *"I think fundamentally, [a rehabilitation counselor is] somebody who works with people who experience disability to help them achieve their individual goals and objectives and their chosen environments."*

When asked to define rehabilitation counseling in a contrived student interaction (e.g., "a student in advising asks you what a rehabilitation counselor is. What do you tell them?"), participants described rehabilitation counseling with a more functional definition. While there was some variation in the data, participants conceptualize a functional definition of rehabilitation in three domains: goal development and achievement, helping people with disabilities, and advocacy. Participants occasionally were specific to disability type (e.g., physical, psychiatric, substance use), but more often identified specific goal types associated with rehabilitation counseling (e.g., vocational goals, educational goals, quality of life goals, and/or independent living goals). Two participants explicitly defined rehabilitation counselors are being "goal directed" or "goal oriented" at the core of the profession.

The most commonly identified adjunct to the identification of goals was the presence of the word "help" and similar or branched words, including helps [-ed, -ing], works [works with], and assists [-ed, -ing]. Of note, words used in this context were used in the active context (e.g., helping, working, assisting) rather than the passive context (e.g., helped, worked, assisted). There was also minimal variation in the way participants referred to populations served, with participants generally opting for "people with disabilities" as a general description.

Five participants made reference to the role of advocacy as central to rehabilitation counselor identity. Advocating for and with others was referenced as an ethical imperative by the

CRC Code of Ethics as well as a critical part of rehabilitation counselor education. Advocacy in rehabilitation counselor identity was presented in the context of the act of advocating for and with clients as an integral part of identity as well as advocating for the profession on the whole. This was further reflected in the secondary definition of rehabilitation counselor identity, which takes a more philosophical approach.

A Philosophical Definition of Rehabilitation Counselor Identity

> *"I always think about the vocabulary that's in there. I'm always talking about holistic, I'm always talking about quality of life, dignity, and really all those tenets."*

As a supplement to the aforementioned more functional approach to rehabilitation counselor identity, rehabilitation counselor educators identified several areas that were more philosophical in nature. Participants tied the philosophical definition of identity to the tenets of rehabilitation philosophy itself and the role of dignity and empowerment in successful rehabilitation counseling. Three participants referred to the principles of Beatrice Wright as a philosophical underpinning of rehabilitation counseling, while others referenced the works of George Nelson Wright's philosophy of rehabilitation from *Total Rehabilitation* as being central to the philosophical basis of the profession. Participants frequently used words like "empowerment," "quality of life," and "dignity" when describing their philosophical grounding.

Several participants directly referenced work or employment as central to RCI. One participant likened the importance of work in the pursuit of self-actualization and the economics of quality of life and *"you can't spend time talking about what's going to satisfy them and make them feel self-actualized if they can't pay the bills."* Others identified employment and work as

"dreams" in the aspirational sense. As one participant stated, *"we're not gatekeepers. We're not dream killers. You know, we are dream facilitators."* These sentiments were echoed across the board in terms of the role of rehabilitation counselors assisting their clients in a strength-oriented approach. Other participants identified work as central to their personal identity and made reference to the importance of facilitating the development of work identity in their clients.

As part of the discussion of philosophy of RCI, most participants keyed in on their expertise on disability and its impact as both critical to their philosophical grounding in professional identity as well as an element that sets rehabilitation counselors apart from counseling generalists. Participants also pointed to the flexibility and universality of a rehabilitation counseling education as a way to serve populations with complex needs. One participant took this sentiment and conceptualized it through a comparison to counseling generalists:

> *"If somebody without a disability can't achieve what their goal or their directive is, goes to a mental health counselor, they engage in some sort of professional activity, and that person helps them. And that has some level of value to it. You take someone in that exact scenario, and you add a disability, that doesn't simplify the situation. That makes it more complex. Therefore, the skill set that's requisite to deal with that, and to be successful with that actually requires more complexity, more skill, and more ability."*

This "counselor plus" mentality of the superiority of rehabilitation counseling education was present through most of the participant interviews, though rarely expressed as explicitly as above. Participants often described the universality of the rehabilitation degree in terms of

interdisciplinary capacity, portability of skills across industries, and opportunities for specialization within rehabilitation counseling that are not present in counseling generalist programs.

Sources of Rehabilitation Counselor Identity

"I think it's probably socialization, Kate, as much as anything else"

As a way of further understanding the underpinnings of RCI, participants were asked to identify where they draw their conceptualization of RCI from. In this line of questioning, most participants identified both sources of identity strength, and some offered sources of identity confusion. Through other lines of questioning and additional queries, participants revealed additional sources of both identity strength and confusion.

Sources of strength. Sources of strength in general were identified as socialization to the field through role models in doctoral programs and field placements as well as a strong identification with the CRC credential. As identified in the participant description section, participants often tied their experience in rehabilitation counseling with an influential person in the field. These people were identified as crucial to participants' development as professionals and in many cases were explicitly identified as role models or exemplars of exceptional character. One participant identified a role model in Dr. Rick Roessler:

> *"That's how I kind of got started, is Rick Roessler. Kind of the first day he got me started, and we stayed in touch all along. Gradually, I started having my own projects. I was working with him on his, he started working with me on mine, for the last 10 years. He's been kind of a consultant to my projects, and we've been very close*

friends ever since, but he really got me started in it and we're still doing it."

Other participants drew identity strength from their work or field experience. Participants often emphasized the necessity of field experience and additional work experience as central to the development of RCI. One participant remarked, *"It is my personal belief that nobody should enter a Ph. D program without two to five years of experience."* This participant and many others also spoke at length about how their experiences in the field as master's students, doctoral students, and as professionals has both formed and strengthened their professional identity as a rehabilitation counselor. Participants drew on both the client populations served as well as the other professionals around them as critical to this development, most comprehensively captured by a participant referring to the phenomenon as "socialization."

The CRC credential was frequently cited as a source of strength for participants. For some, the CRC represents a minimum competency level that establishes the group through an area of expertise. For others, the structure created by the presence of both a Code of Ethics and Scope of Practice establish a functional base to draw elements of professional identity.

Sources of confusion. Over the course of the interview, participants identified several sources of RCI confusion. These sources were typically presented in terms of each participant's own identity confusion, but occasionally presented in the context of sources of identity confusion for rehabilitation counseling students or professionals in the field. Several participants identified the removal of the Comprehensive System of Personnel Development (CSPD) requirement from the hiring system for state vocational rehabilitation as a critical incident in identity, and a significant contributor to an ongoing identity crisis in rehabilitation counseling. One participant summed up the issue like this:

> *"Realistically, right now, we don't produce enough master's level rehab counselors. Even if 100% of our graduates coming out of our programs applied to work in the state VR programs, there are more vacancies than we can fill. And so as per state VR directors, they need to have professionals in those positions, to keep everything moving. And so, they sort of been forced to hire outside of rehab counseling. So that's why you see many VR, you know, programs, in addition to the CSPD requirement being dropped. They're hiring. LPC is they're hiring other folks who don't necessarily have the disability, and rehab background, kind of out of necessity."*

As an adjunct to diffused hiring practices in state vocational rehabilitation as potential sources for newly minted and seasoned counselors, many participants identified redundancies and overcrowding of professional organizations in rehabilitation counseling as a potential source of identity confusion. These critiques ranged from annoyance at having to pay multiple membership fees and choosing between competing conferences to intense dissatisfaction with professional organizations causing unnecessary division in the field and serving minimal purpose to its constituency.

The concept of division resurfaced in participants' thoughts around the differences between rehabilitation counseling and general counseling. While some participants identified support for rehabilitation counseling as separate from counseling, most participants expressed support for rehabilitation counseling to be included as a specialty under the larger umbrella of counseling. Participants who viewed rehabilitation counseling as a specialty frequently

referenced perceived manufactured differences between the two disciplines that disadvantage rehabilitation counseling. One participant in particular took issue with this contrived separation, stating that *"it's related to this apparent dichotomy between mental health counselors and rehab counselors. And to be honest, I think it's a load of crap."* This and similar sentiments expressed by participants were also part of a larger group of information regarding identity crisis in rehabilitation counseling.

Identity Crisis in Rehabilitation Counseling

> *"I still think in the eyes of the public beyond ourselves, there's still an identity crisis for us. We have to always explain who we are and what we do."*

While every participant discussed issues of professional identity in rehabilitation counseling, eight of the eleven participants in this study directly referenced the phrase "identity crisis" when describing RCI. The most commonly cited reason for identity crisis in rehabilitation were ascribed to issues with external recognition of rehabilitation counseling, specifically issues around credentialing and marketing. When asked how they would define rehabilitation counseling to a prospective student, nearly all participants included anecdotal information about their struggles with explaining rehabilitation to people who are not already within the field. The most striking of these anecdotes came from a participant who has a sibling with the exact same degree (rehabilitation counselor education): *"I've got to explain this to my own mother. And she's got two kids with the same PhD, and she still can't tell you what a rehab counselor is."* Each participant shared anecdotes of how challenging it is to explain rehabilitation counseling to others, including the use of the phrase *"When I try to use the general definition of a rehab*

counselor, I get the glassy eyed and they're not quite sure" in reference to student recruitment, and participants coaching spouses and family members in explanations. Of note, participants did not express frustration in the act of explanation, rather frustration that other counseling-oriented fields (e.g., marriage and family counseling, counseling generalists, substance use counselors) are not tasked with similar explanations. This line of inquiry often led to the oft-repeated phrase, "the best kept secret" in reference to rehabilitation counseling's place as a little-known but much-needed industry. Participants expressed feelings of frustration, dissatisfaction, and in some cases, disdain for rehabilitation counseling's identity as "the best kept secret." Participants expressed that the field should be demanding more of its stakeholders (e.g., state vocational rehabilitation, the Rehabilitation Services Administration (RSA), professional organizations) in terms of increasing the visibility of rehabilitation counseling to the rest of the counseling industry and to the general public. Three participants made direct references to the idea that the identity crisis within rehabilitation counseling is external to rehabilitation counseling, in that among rehabilitation counselors there is agreement in identity, but outside of rehabilitation counseling there is a lack of information. In particular: *"we know what marriage and family counselors do, you know, but they don't know still know what rehab counselors do. So our identity crisis is not internal, it's still remains external."*

There were also identified concerns with the increasing incompatibility of traditional rehabilitation counseling with changing VR constituency and contemporary counseling education. Several participants talked about "the old guard vs. the new guard," referring to two discrete groups of rehabilitation counselors. As one participant described it:

> "*If you look at, we have, I call them, the old guard, those of us who were around from the beginning, and when it was a lot of the*

> *physical disability and physical restoration… we are purists in the sense of what we do and who we work with. But the definition now of that spectrum of disabilities has expanded."*

The expansion of the spectrum of disability was echoed across several participants, who remarked on the multitudes of client populations that are served by VR, particularly the rise of psychiatric and substance use caseloads and the expansion of services available to transition-aged youth with disabilities.

A number of participants also pointed out the growing incompatibility of traditional rehabilitation practices with contemporary counseling education, particularly under the CACREP accreditation model. One participant identified the struggle of introducing clinical activity into state VR, stating:

> *"They don't know how to do [clinical counseling]. And unfortunately, their agencies have organizational culture that doesn't support it now, because they've been doing case management and procedural kinds of stuff for so long, that no one can think, in a clinical reasoning way."*

While not ascribing incompatibility explicitly to VR, participants across the sample pointed to gaps in practice that are considered inappropriate or outdated by contemporary rehabilitation and counseling education standards. One participant described a moment when they came face to face with one such practice gap:

> *"I really didn't realize that there were other perspectives on rehab counseling, beyond strength-based asset-based community based, until I started working with individuals and entities outside [de-*

identified for privacy] and then I was like, Whoa, you're still moving people into sheltered workshops. Like I thought that went away 20 years ago, 30 years ago!"

This and other instances were connected as examples of a historical professional identity that may no longer be compatible with contemporary standards. As a sample, participants did not identify hesitancy with amending aspects of professional identity that are incompatible. Rather, participants expressed support for increased marketing around the rehabilitation counseling profession as a way of bringing in new members to the field who would continue to inform best practices in rehabilitation counseling.

Question 2: Changing Definitions of RCI After CACREP

"It has not."

Minimal data diversity was identified pertaining specifically to research question 2. No participants identified any changes in how RCI was conceptualized as a result of CACREP. Variation existed only in the way participants identified a negative response; between "no" and "I don't think so." Additional discussion regarding research question 2 can be found in *Chapter 5: Discussion*.

Question 3: The Impact of the Merger on RCI in Students

"Long term, I would say, I don't know, if I have a, I think you'll find pockets where it remains strong. And it's going to be dependent on the faculty and their own identity to maintain that disability focus or orientation, as opposed to that generic

approach. And probably if we're being honest, more mental health approach, just because of the size of the mental health group within that CACREP body."

To facilitate a more nuanced understanding of how educators in the rehabilitation counselor education field identify concerns around the merger, this research question was broken into two sub-questions in the interview protocol. Participants were first asked to identify potential changes in RCI specific to master's students in rehabilitation counseling, and as a secondary line of questioning asked about potential changes to RCI for doctoral students in rehabilitation. On the whole, participants expressed minimal concern for "the younger group" or "the CACREP generation" from a student-oriented perspective, but citied significant concerns from an academic/professional-oriented perspective.

Table 4
Question 3: Impact of the CORE-CACREP merger on RCI

Major Themes	Subthemes
Changes at the master's level	• Dilution of RC to generalist curricula • Minimal for typical students
Changes at the doctoral level	• Unsure of long-term impact • Preparation of RCEs in CES programs.

RCI at the Master's Level

"So as far as the professional identity, I don't see it's going to make a huge impact. Not from not from the younger group, anybody that's in the past, probably finishing the past 10 years 10 to 12, they're not gonna have that issue, because we've been having this conversation."

When asked to identify potential changes in RCI for master's students as a result of the CORE-CACREP merger, two participants described changes as "minimal" for typical students. This was presented in the context that students who are coming into master's programs are *"…not going to notice a difference because there is no difference for them,"* or that *"as far as the professional identity, I don't see it's going to make a huge impact. Not from not from the younger group."*

This more student-oriented approach was in direct contrast to a majority of participants, who cited changes in RCI almost exclusively in relation to curricular and programmatic choices. Several participants referenced curricular changes in rehabilitation counseling programs as a major impact on RCI for master's students. One participant remarked, *"I think it's already had an impact, for sure, in terms of watering down what a rehab counselor is all about"* while another stated that *"more and more students are entering, wanting that emphasis in mental health."* The primary concern of participants who identified changes in RCI at the master's level were related to the eight core areas of education under the CACREP accreditation model. One participant who expressed this concern stated: *"okay, we'll meet the CACREP standards. But I'd also like to pull out the CORE standards again or look at CRCC's blueprint for the exam. Are we still covering the information that is particularly relevant to people with disabilities?"* as a way to check if students were getting the information needed to become rehabilitation counselors. Another participant, who did not express overt concern for RCI at the master's level, took a different approach to the same argument:

> *"I can control what's in my classroom, I can control what's being taught. So is it clinical rehab standards? Is it traditional rehab standards? Is it the core eight common knowledge areas of*

> *CACREP? I don't get caught up in those things. Because I know how I can put disability back in my classroom, and still cover the standards that I need to."*

While there was a significant focus on the immediate past and present regarding RCI changes in master's students, one participant worked from a future-oriented perspective. They made the argument that because this conversation had been happening on an ongoing basis for so long and the merger has been executed for several years, changes in RCI at the master's level will happen, but will become less of an issue as time goes on and more rehabilitation counseling programs become accredited through CACREP.

RCI at the Doctoral Level

> *"I am a little concerned about making too generic to the doctoral program. You know, because you can essentially just give a counselor Ed and supervision degree and call it rehab counselor education, you know, you can add a course in here or there, but CACREP kind of doesn't care, they want to make sure you have the counselor ed and supervision stuff. And then the rest of it is kind of up to you… But my interpretation right now is that they don't have to do that. You know, and it because nobody really overseeing it."*

Participants fell into one of two areas surrounding issues of RCI changes at the doctoral level. Some stated that they were unsure of the long-term impact, while others held strong concerns about the state of doctoral education for rehabilitation counselor educators under the CACREP accreditation model. One participant held a significant pause in the interview before

saying *"I don't fully know yet how things are going to play out in terms of rehab educator down the road. I honestly don't know."* Similar sentiment was distributed among a few other participants, but in a more speculative form (e.g., "I'm not sure, but I think…"). Of the participants who held opinions about RCI changes at the doctoral level post-merger, one clear category appeared: the issue of how rehabilitation counselor educators are being prepared in counselor education and supervision doctoral programs. Some participants were enticed by the expansion of practice areas through additional instruction in supervision and counseling, with one participant calling it *"a really good and powerful combination."* Others raised concerns about CACREP-mandated curricula replacing existing rehabilitation counselor education curricula and further diluting content. This was supplemented similarly to the way participants talked about curriculum mandates at the master's level, with some participants expressing concern about CACREP standards meeting rehabilitation standards and others stating they had no issues going beyond the CACREP standards to include curricula specific to rehabilitation.

Many participants identified both program faculty professional identity as either a protective or destructive factor in RCI at the doctoral level. One participant characterized this as:

> *"I think a program will dictate it. like Wisconsin has a Ph. D. program. Michigan State has a program. Other schools very strong with disability identity, we're working towards getting ours better established and accredited, and that's going to take some work. But because of the identity of the faculty here, I don't have a problem with the identity of our PhD students when they would come out because of what we would do here."*

Others echoed this sentiment in terms of preparing rehabilitation counselors to become rehabilitation counselors, and the importance of having rehabilitation counseling background on both sides of the equation. Participants spoke specifically of the importance of rehabilitation counselors being taught by rehabilitation counselor educators, not counselor generalist educators. In terms of maintenance, one participant has this to say:

> *"If they're not going to maintain that identity, then that's really up to the next folks and faculty coming through and how they identify. So I don't know, long term, I would say, I don't know, I think you'll find pockets where it remains strong. And it's going to be dependent on the faculty and their own identity to maintain that disability focus or orientation, as opposed to that generic approach."*

Question 4: Unified Rehabilitation Counseling Identity

> *"I think we need a modified, but unified professional identity that takes into account the reality of what we are right now, not what we used to be."*

Questions regarding unification in rehabilitation resulted in three major categories related to unification: Yes, Partial, and No. Six participants identified that there was (or should be) a unified RCI. Two participants stated that unification of identity is only partially possible, and four participants did not think that there was or could be a single unified RCI.

Table 5
Question 4: A single unified identity in rehabilitation counseling.

Major Themes	Subthemes
Yes	• Rehabilitation counselor is both necessary and sufficient. • Disability as an inclusive concept
Partial	• Generic-Specialization approach.
No	• Too much specialization to be singular • Overpopulation of professional organizations • Issues with generalist definitions.

Unified Professional Identity

> *"I don't care what position you hold. If you were in this field, you should be identifying as a rehab counselor."*

The above statement originated from questioning related to the presence of a unified RCI. While this was the strongest sentiment of the sample, others in this major theme expressed agreement with this statement at some level. Participants conceptualized this unified identity as comprehensive, but in need of updating; *"to rethink what it is that we are so that we can have a much stronger and united front."* Another take on the presence of unified identity was made in response to the recurring theme of overcrowding in professional organizations. This participant identified this barrier to a fully unified identity in this way:

> *"Is there a single encompassing professional identity? My answer is yes, absolutely. We have so many different groups. And so many of those groups are redundant. It's asinine. Makes us weaker. No one seems willing to do anything about it. They're so concerned with their piece of the pie, that they don't realize what's going on around them."*

One additional participant conceptualized unified identity in the context of understanding disability as an inclusive concept. When asked to expand on their reasoning, the participant stated: *"because disability covers all different areas of the specific diagnosis of specific problems."* This sentiment that disability is a universal and inclusive concept was echoed across this as well as other questions within the protocol.

Partially Unified Professional Identity

> *"I'm a counselor, and but I'm also a rehab counselor. It'd be like, here's the basis of rehab counseling, but how you do it is going to be different. Because you might specialize in a function, you might specialize with a population, you might specialize in setting."*

The description of a partially unified identity held little variation across either of the two participants who identified with the partially unified sentiment. Both participants identified that in this conceptualization of RCI, rehabilitation counselors would begin with a generalized overview of rehabilitation counseling (one participants referred to this as *"the same basic elevator speech")*, then further identify themselves with their specialty. The other participant expounded on the elevator speech with this conceptualization:

> *"Because you might specialize in a function, you might specialize with a population, you might specialize in setting. But fundamentally, if we look at things like quality of life, and dignity and self-determination and inclusion, that's the heart of what we do."*

In more than one case, participants who identified "yes" or "no" to the question of unified identity described similar rationales for their reasons as the ones presented above for partial unification. Additional discussion of this phenomenon will be provided in *Chapter 5: Discussion*.

No Unified Professional Identity

> *"Well, it'd be great if we had it. I remember when we had it, and now I see it morphing. So that's why I'm saying no. Because of how I see the profession. I think people need to be more flexible and be able to do more than one thing."*

Participants who responded "no" when asked about a unified professional identity generally identified that rehabilitation counseling is too highly specialized to be unified. One participant likened it to the structure used by medical doctors:

> *"I mean, a doctor is a doctor, but then they get into Well, no, I'm a, I'm a cardiologist. But you know, I'm a neurologist, I'm not. So yeah, so I think that's the reason we can't have that single encompassing professional identity anymore."*

Other participants contextualized their responses in terms of the increasing frequency of specialty caseloads in VR over general caseloads or in terms of rehabilitation counseling students no longer being trained to cover "the A to Z" of disability due to curricular changes. One participant took issue with the idea of a "single, encompassing RCI," citing the following as their rationale:

> *"I don't think there can be a generic field because even as a counselor if I had a counselor license, am I a grief counselor? Am I a couple's counselor? Am I someone who you know specifically works with people with PTSD You know, there's so many so many pockets that we can fill."*

Question 5: Locating Rehabilitation Within Counseling

"I think we all have our place. So I don't see one being over the other or one being better or less than in any way, I think we all serve a particular population."

By asking participants to simply locate rehabilitation counseling within the larger counseling profession, participants were able to free associate their thoughts, feelings, and ideas around the relationship between rehabilitation counseling and both the larger counseling field and CACREP as an organization. Nearly all participants chose to respond in terms of rehabilitation counseling's relationship with CACREP. Within that context, participants most often conceptualized this relationship using family systems analogies. Other participants identified structural or alignment-based conceptualization of this relationship.

Table 6
Question 5: Locating rehabilitation counseling within the larger counseling profession.

Major Themes	Subthemes
Family Systems analogy	• Child Metaphors • "A Seat at the Adults Table"
Structural or Alignment-based	• Bidirectional recognition problems • CACREP the ally

Family Systems Analogies

> *"The analogy of single child versus like, growing with a sibling. Rehab was like a single child before. Now you're blended into another family with many siblings. So there will be some challenges with the transition."*

By far, the most common analogy drawn in the demonstration of rehabilitation counseling's relationship with CACREP was the analogy of the stepchild. Several participants combined the stepchild reference with a secondary citizenship, like this participant:

> *"I think we're still kind of- it's a two-tier system with regard to stepchildren compared to some of the other counseling disciplines. And we have never been a sexy discipline."*

Other participants opted for similar language, including phrases like "the disenfranchised child," "younger sibling," and "adopted child" in their conceptualization of these relationships. A secondary child-centric and specific analogy surfaced in terms of "sitting at the adults table." Three participants referenced this phenomenon, with CACREP and the rest of the counseling specialties playing the part of the adults at the table and rehabilitation as the children who want a seat. One participant conceptualized it like this:

> *"I don't think the way to bridge the gap is for us to beg for a seat at the big people table. I don't think that for us, I don't think the way for us to, to bridge the gap is for us to try and scream and yell and convince people that we are what they are."*

One participant conceptualized the relationship between rehabilitation counseling and CACREP like bringing a significant other to a family event:

> *"…when you bring a partner or spouse or significant other into your family, and everyone's nice to the person. Yeah. And they like them and all that stuff. or may not. But you're never you're never the same."*

These family-oriented analogies made up the large majority of the description of the general state of relationship between rehabilitation counseling and CACREP. As these descriptions became more specific, participants oriented themselves more toward structural or alignment-based ways to describe their relationships.

Conclusion

This chapter contains the analyzed results of the collected data by research question. Eleven participants were included in this corpus of data from an initial recruitment pool of fifteen and twelve accepted requests, for a completion rate of 73% from the total and 92% from the accepted pool. Major themes were identified in all research questions, with subthemes present in research questions 1, 3, 4 and 5.

Research question one yielded a functional and philosophical approach to RCI, with additional themes supporting sources of RCI and participant descriptions of an identity crisis within rehabilitation counseling. Research question 2 yielded monotheme data with minimal diversity in response. Research question three identified specific perceived changes in RCI at both the masters and doctoral level. Concern at the master's level was closely related to the dilution of historically important rehabilitation counseling topics into a diffuse counseling generalist curriculum, but participants expressed little concern over the identity of the students themselves. Concern at the doctoral level was focused on succession in rehabilitation counselor

education, with participants typically expressing significant concern about the need for rehabilitation counseling students to be taught by rehabilitation counselor educators. Research question four asked participants to identify if there was possibility of a "single encompassing professional identity" within rehabilitation counseling. Results were mixed, with six participants identifying "yes," two identifying "partial," and four identifying "no." Research question five yielded two major themes regarding how rehabilitation counselor educators locate the profession within the larger counseling discipline. Participants typically chose to identify this relationship with family systems metaphors, but occasionally spoke to structural alignments and perceptions of CACREP. Chapter 5 includes discussion of the research questions and identified themes.

Chapter 5: Discussion

This study sought to develop a preliminary understanding of rehabilitation counselor identity (RCI) and establish points of saliency of RCI in the wake of the CORE-CACREP merger of 2017. Eleven rehabilitation counselor educators and leaders participated in semi-structured interviews designed to answer five research questions: (1) How do rehabilitation counselor educators currently understand RCI, (2) How have educators changed their positions on RCI as a result of the CACREP merger, (3) What do educators believe the impact the CORE-CACREP merger will have on current and future rehabilitation counselors' understanding of their professional identity, (4) What importance do RC educators place on having a unified professional identity, and (5) Where do rehabilitation counselor educators locate rehabilitation counseling in relation to the general counseling field?

In this chapter, findings are summarized and interpreted. In addition, this chapter contains an examination of the limitations of the present study as well as offering discussion of the implications of the present study to the rehabilitation counseling field and future areas of study related to RCI.

Structural or Alignment-Based Relationships

"I think there's mutual, you know, respect back and forth. We're not sure kind of we're still yet where that all kind of fits in? I don't know. Yeah, I don't feel there's a second-class citizenship to it. Like, I think there was when this first started coming about where the counseling programs were trying to, you know, figure out where rehab would come in, are they going to intrude? Are they going to interfere?"

Two participants referred to the relationship between rehabilitation counseling and CACREP outside of family analogies. One participant described a bidirectional recognition problem between the two parties. The participant described a perceived disrespect on behalf of CACREP, who the participant feels does not understand the rich history and long-standing independent professional status of rehabilitation counseling. The participant also described the ignorance and recalcitrance of rehabilitation counseling to the well-established procedures set by CACREP as an organization. Similar to this statement, another participant described their perception of the profession's struggle to relate to CACREP as an ally to be leveraged rather than an enemy to be subverted. The participant explains their perception:

> *"Rehab faculty are having a hard shift going toward CACREP. CACREP's having a hard time because they're kind of like 'what the hell are you guys doing it? What is this thing over here? How come you weren't doing XYZ?'"*

The structural and alignment-based descriptions of the relationship between rehabilitation counseling and CACREP are emphasized by and additional anecdote from a participant: *"we're still struggling to, to really say we are a part of CACREP."*

Defining Contemporary Rehabilitation Counselor Identity (RCI)

Rehabilitation counseling has a long-standing and rich tradition, steeped in the pursuit of assisting people with disabilities at its core. Significant attention has been paid to the formation and upkeep of the rehabilitation counselor Scope of Practice (CRCC, 2018) and Code of Ethics (CRCC, 2017) as guiding principles for establishing a functional identification of what activities a rehabilitation counselor is expected to do. This study sought to establish that a full description

of RCI includes information outside of the functional boundaries of codified material. The results of this study yielded a conceptualization of RCI that contains two categories of identity: functional identity and philosophical identity. Participants identified these definitions as stable, and unchanged by the CORE-CACREP merger. This data pool also identified a critical issue of identity in the context of the lack of external recognition of rehabilitation counseling as a discipline, termed by participants as an "identity crisis."

The Functional and the Philosophical in Balance

The collected data for research question 1 demonstrates a balance in how rehabilitation counselor educators define RCI between functional aspects of identity and philosophical aspects of identity. The line of questioning in the protocol (see Appendix 2) asked participants to respond to a contrived situation in which a prospective student asks them "what is a rehabilitation counselor?" Furthermore, participants were asked where they source their professional identity, as well as if any changes had been made to said definition as a result of the CORE-CACREP merger.

Within the dataset, "functional aspects of identity" were identified as (1) Goal development & achievement, (2) Helping people with disabilities, and (3) Advocacy as an imperative. Each of these themes is present within the CRC Code of Ethics, either located within the Scope of Practice Statement or within the code itself (CRCC, 2017). The "philosophical aspects of identity" identified in the sample included (1) Rehabilitation philosophy, (2) Employment as an identity and intervention, and (3) Expertise in disability as a subject. These areas are not specifically structured within rehabilitation counseling's codified mandates. They are, however, present in the works of rehabilitation counseling leaders like George Wright and

Beatrice Wright, who are noted for their work in rehabilitation philosophy. Work as a part of identity and its importance can be found across rehabilitation counseling in career development theory in the satisfaction element of Minnesota Theory of Work Adjustment (Dawis, 2005), the role of work preferences in Holland's Work-Personality Theory (Sharf, 2016), and the interaction of outcome expectancy and self-efficacy to promote career interests in Social Cognitive Career Theory (Lent & Brown, 2006). While "expertise in disability as a subject" isn't tied to a specific area of rehabilitation counseling, disability subject matter is dispersed across the rehabilitation counseling curriculum as a standard of learning, and possession of an esoteric body of knowledge is one of the hallmarks of a well-established profession (Cruess et al., 2004).

The sequence of how participants spoke about RCI discovered a trend in the order of which category was described first. Participants often began their descriptions with functional aspects before moving on to philosophical aspects of identity. This directionality of explanation indicates an implied hierarchy of understanding when defining RCI to others. One participant identified that they intentionally begin their explanation in a way that is oversimplified because people *"get glassy eyed and they're not quite sure."*

This organization of data presents a reasonable allegory to Hall's Model of Professional Identity Development (Hall, 1968). Though originally conceptualized for professional identity in sociology, Hall's model has been used in rehabilitation counseling professional identity research (Louw et al., 2015). Hall's model identifies the two categories of professional identity development as structural (organizationally-oriented) and attitudinal (belief-oriented). In this study, participants identified a structural-organizational component (functional aspects) and an attitudinal-belief component (philosophical aspects). Therefore, a reasonable claim can be made

that professional identity in rehabilitation counselors is similarly structured to Hall's conceptualization of professional identity.

Stability in Definitions

Research question 2 of this study asked participants to identify changes they have made to their definitions of rehabilitation counselor identity after the CORE-CACREP merger. On the whole, the response was a resounding negative, with little variation in context. While initially the researcher was disappointed in the lack of information gathered through this line of questioning, after a thorough discussion with the research team about why this data may have manifested in this way results in a positive understanding about the lability of professional identity. Namely, that there is little, and definitions of identity have persevered.

The remarkable stability of how rehabilitation counselor educators define RCI could potentially be attributed to their length of time in the rehabilitation counseling field. Regardless of this element, the lack of impact that CACREP has had thus far on how educators describe RCI is both a testament to the commitment of the historical underpinnings of rehabilitation counseling as well as an example of how educators participate in the transfer of knowledge between generations of counselors.

External Recognition of Rehabilitation Counseling Identity

Defining professional identity is only one single component of expressing professional identity. Burkholder's Professional Identity Expression (PIE) model explains that to fully express professional identity (in this study, the functional and philosophical aspects of identity), counselors must learn to first conceptualize, then contextualize their professional identity

through intentionality (Burkholder, 2012). Intentionality in the context of PIE is most closely linked with interaction within the field, which is reflected in the results of the present study. Participants reported that they drew strength in identity from interacting with colleagues, providers, and professional organizations.

Due to the high frequency of the phrase "identity crisis" reported in the data, it is reasonable to assume that rehabilitation counselor educators (and most likely, rehabilitation counselors in general) struggle to reach the "expression" phase in a meaningful way. While the themes derived from the present data indicate a core of ideas around rehabilitation counseling, the elements contained in those core ideas are diffused throughout the literature and codified materials. Without a centralized idea of RCI established, rehabilitation counselors are left to discover bits and pieces of professional identity like a scavenger hunt when in the field as professionals.

There is solid reasoning as to the comprehensiveness of the answers contained in the data collected. When asking this type of question to a group of participants (who have worked for multiple decades as rehabilitation counselor educators, received services from vocational rehabilitation, or even helped to write the Americans with Disabilities Act), it is well within reason that the question is being asked to some of the leading experts in the field who have spent years immersed in literature and professional pursuits within the field.

The issue persists, however, in the realm of external recognition of rehabilitation counseling as a field. Participants consistently acknowledged that talking to other rehabilitation counselors about rehabilitation counseling is relatively simple, even across specializations (e.g., transition, veterans, or traditional VR). Where this explanation fails, according to participants, is in the communication of rehabilitation counseling to others outside the field, including other

counseling specialties. Somewhere between Burkholder's Contextualization and Expression, things go awry.

There is potentially a gap in this knowledge base because rehabilitation counselors have not had to cooperate with other groups (specifically CACREP) up until very recently. The insularity (or "siloing" as one participant referenced it) of rehabilitation counseling from other counseling professions deemed it in many cases unnecessary for rehabilitation counselors to identify themselves to professionals outside of rehabilitation counseling. As CACREP entered the conversation and started to ask questions about who we are and why we do things, the field has continued to stumble over its ability to concoct a stable identity, let alone a unified identity.

The Impact of CACREP on Rehabilitation Counseling Students' Professional Identity

The feelings around CORE-CACERP merger (though at this point five years passed its final merge date in July 2017) still runs deep in rehabilitation counselor educator circles. As a way of making space for those thoughts and opinions, participants were asked to identify potential or actual changes in professional identity in both master's and doctoral students in rehabilitation counseling. In general, participants identified concerns around curricular issues but did not endorse changes in professional identity that would be salient to the students themselves. At the doctoral level, however, participants stated specific concerns regarding the succession of faculty in the field of rehabilitation counselor education due to CACREP's influence.

At the Master's Level: An Educators Concern

At the master's level, participants generally identified concerns related to a more academically-oriented context: how to keep the core (no pun intended) of rehabilitation

counseling in a curriculum that is full to the brim with counseling generalist coursework. Participants expressed concerns over the counseling coursework mandated by CACREP standards as "dilution" or "taking away from" traditionally rehabilitation counseling curricula. Specifically, the exchange of coursework in topics like vocational evaluation and assistive technology for courses in group dynamics and family counseling. These concerns of CACREP taking from rehabilitation were offset by other participants who stated that they would cover CACREP standards in their coursework, but have and will continue to go above and beyond to include rehabilitation counseling topics in addition to the eight core domains. These two conflicting approaches create a dichotomy of a "conservationist" vs. "preservationist" approach to rehabilitation counseling curriculum.

At the Doctoral Level: Planning for the Succession of the Discipline

Fewer participants felt able to respond confidently to the question of RCI changes at the doctoral level than about the master's level. Though initially ascribed to general uncertainty around the concept, after careful consideration of the participant pool, the researcher discovered that those participants who responded that they were unsure or did not know belonged exclusively to rehabilitation counseling programs that did not grant doctoral degrees. Some participants from this group did offer insight on RCI changes at the doctoral level as well as each participant who belonged to a doctoral degree-granting program.

The commentary around RCI changes at the doctoral level were mostly located around the idea of succession planning in rehabilitation counselor education. Many participants expressed concern over the diffuse nature of the doctoral accreditation category as a Counselor Education and Supervision, including two who explicitly suggested that CACREP should create

a second doctoral accreditation classification specifically for rehabilitation counseling as a way to replicate the specialty within the entry-level standards of CACREP. Some participants saw the conversion of rehabilitation counseling doctoral programs as a dilution of the field at the doctoral level. Others within the sample saw the flexibility in the accreditation, and cited longstanding programs with strong rehabilitation identity (e.g. the University of Wisconsin and Michigan State University) as proof that conversion to the CACREP doctoral accreditation has not eliminated all traces of rehabilitation from its curriculum.

In addition, many participants identified benefits to CACREP accreditation at the doctoral level, including field placement breadth increase as well as additional training in supervision and in counseling. Participants also identified that after graduation, newly-minted PhDs from rehabilitation counseling have increased opportunities to obtain faculty jobs across CACREP specialties. As a complement to this notion, however, was a warning; that in the same way that rehabilitation counselor educators are free to pursue positions across CACREP, so is the same for counselor educator generalists to pursue positions in rehabilitation counseling.

Participants across the board stated the criticality of having rehabilitation counseling students being taught by rehabilitation counselors and rehabilitation counselor educators. Both Halls' model and PIE examine the importance of interaction with others in the field, including those within educational contexts (Burkholder, 2012; Hall, 1968). If students at the doctoral level being trained as rehabilitation counselor educators are not regularly engaging with other rehabilitation counselor educators and instead interfacing with primarily counselor educator generalists, it becomes reasonable to conclude based on these models that the professional identity of those students is likely to move toward that of the people around them. This becomes compounded when considering the significant connection that participants identified in role

models and influential professionals in their careers. Without role models who are oriented toward and advocating for rehabilitation counseling, students who do not have so strong of a connection to rehabilitation counseling may fall into the professional identity of a counselor education generalist.

A small part of this discussion revolved around the potential downside of the presence of a strong rehabilitation counseling identity influence in a doctoral program. When a faculty member within a rehabilitation counseling program exhibits a strong anti-CACREP mentality, that identity (through socialization) is transferred either consciously or unconsciously to students within that program. While it is not the role of the researcher to pass judgment on the merger to this extent, given the state of the field in relation to CACREP (five years post-merger and on the cusp of a major standards revision), this type of mentality can not only be unhelpful for the creation of new faculty, but detrimental in terms of stifling progress into a more contemporary style of rehabilitation counseling.

Better Together? A Unified Rehabilitation Counseling Identity

The concept of unity in rehabilitation counseling is cloudy. There have been several attempts at unification through collaborative or reductive means, and usually presented through the locus of the quantity and quality of professional organization memberships. As a way of circumventing this perennial discussion, the researcher asked participants to say if a single unified professional identity was possible, and, if so, what that might look like. An interesting constellation of information presented itself in the context of definitional issues with the concept of “unified” as well as the identification of a generic-specialization approach to conceptualizing a unified identity.

What Does Unified Mean?

In a near-ironic reflection of current issues in rehabilitation counseling concerning unification, the researcher found that participants had varying definitions of "unification" when commenting on their responses. In some cases, "unified" meant "one identity to rule them all" and one participant posited that the identity of "rehabilitation counselor" was both necessary and sufficient to describe the profession regardless of specialization. In other cases, participants endorsed the presence of a single unified identity and described a system where there is a basic definition of rehabilitation counseling, and a person may add specialist information if applicable about their individual client base or industry.

This same conceptualization also surfaced in each participant's description who endorsed a partially unified identity. These participants identified that it would be impossible to fit all of rehabilitation into a single identity, but that a generalist identity followed by a specialist identity would suffice. What these participants describe is a reasonable conceptualization of a partially unified identity, but the question remains of why there was differentiation that occurred. The text of the protocol specified "a single, encompassing professional identity," but that wording may not have been an explicit enough reference to support consistency in responses.

Specialization was the focus of those endorsing that there was no opportunity for unification, citing the overabundance of specialization as the reason there is no avenue for a unified identity. Participants in this group expressed nostalgia for a time where there was a unified professional identity present, which was of particular interest to the researcher given rehabilitation counseling's checkered past with unification. Ultimately, the participant did not elaborate on the subject, stating that the reason it no longer existed was as a result of needed flexibility in rehabilitation counseling.

The Blessing and Curse of Specialization

The role of specialization in rehabilitation counseling was extremely evident in participant's identification of unified identity, and introduced an interesting take on the interplay between the perennial issues of unification and external recognition.

Specialization by virtue of definition implies complexity; that the person holding a specialization is in some way uniquely or additionally qualified. In rehabilitation counseling, specializations run all across the spectrum of disability status and the disability industry. Transition counseling, vocational rehabilitation, expert witnesses, and vocational evaluation are all extant specialties of rehabilitation counseling, and require not only the basic knowledge of rehabilitation counseling but additional information specific to their needs. From an internal standpoint (rehabilitation counselor to rehabilitation counselor), most are able to skip straight to their identification of specialization. As discussed previously, when these conversations become external (rehabilitation counselor to non-rehabilitation counselor), generalized descriptions fail. If someone is unable to articulate a standardized definition of RCI, the added complexity of explaining a specialization to the same person (i.e., what a transition counselor is) is essentially useless.

This is not to say that specializations aren't salient to rehabilitation counselors. Without an awareness of an accompanying definition of rehabilitation counseling, however, these kinds of incidents only perpetuate existing issues of external recognition. Specializations within rehabilitation counseling offer counselors who are uniquely interested or additionally trained to provide services to the rehabilitation counseling constituency that are far better than a rehabilitation counselor with only a general training would.

One Big Happy Family: Locating Rehabilitation Counseling

Getting a Seat at the Adults Table

The concept of "a seat at the adults table" and "the stepchild" or "adopted child" continued to surface in participant's descriptions of the relationship between rehabilitation counseling and CACREP. In every instance, CACREP was implied as the adult or parent in the situation, and rehabilitation counseling the child. Most participants who engaged in family systems metaphors like this argue that there is a second-class citizenship effect or that rehabilitation counseling is misunderstood, ignored, or not taken seriously.

These types of metaphors conjure an infantilized image of a profession that appears weak and unable to defend itself, which is in strong contrast to the rest of the data in the study. The rest of the corpus reflects a profession that is steeped in tradition and fighting for justice and the rights of the marginalized. The stark disconnect between these elements produces a confusing notion as to why participants chose to identify the profession this way. There were, however, several participants who recognized the dangers of these types of comparisons, and expressed frustration and a desire to cease those actions. One participant contextualized their version of "a seat at the adults table" like this:

> *"I don't think the way to bridge the gap is for us to beg for a seat at the big people table. I don't think that for us, I don't think the way for us to, to bridge the gap is for us to try and scream and yell and convince people that we are what they are. I think the way to bridge the gap is to be better. And to talk above their heads… to raise the level of your game, start taking the stuff that the other*

> *people are writing about, and talking about and applying it in the world of disability and take it to the next level. Value Added is going to get you farther into those conversations, then banging on the door and demanding to come in. Because all that banging on the door and screaming does is communicate that you really don't belong."*

CAREP the Ally, Not the Enemy

As manifested in research question 3, CACREP's influence on rehabilitation counseling strikes strong, protective emotions regarding the sanctity of the rehabilitation counseling profession. This results in the resurfacing of the preservationists and the conservationists, who both hold important roles in establishing the saliency of professional ideals, though done in different ways.

Preservationists ensure the status quo; their primary concern is to hold things in a steady position. The preservationist approach is useful as a steady and reliable influence, like a lighthouse beacon in a stormy sea. But when change occurs, their ideals can quickly become obsolete. Preservationists in the context of this study see CACREP as a threat; a force of great power threatening to strip the profession of its power and its individuality. As a result, preservationists may cling to "traditional vocational rehabilitation counseling ideals" and reject the imposition of CACREP's rules and regulations.

Conservationists in this study take a different approach to the influence of CACREP. Like a horticulturist with a topiary, conservationists are able to preserve the essence of an idea while infusing the interpretation of a secondary vision. In this context, conservationists typically

accept the influence of CACREP and its mandates, but balance this with continuing to practice or teach topics that are historically important to rehabilitation counseling. Should conservationists become overzealous with the molding of new ideas into the existing structures, however, they run the risk of smothering or removing important things in the name of progress. It should be noted that not all conservationists in this study are fans of CACREP, but rather accept the merger for what it is and continue to march forward with feet in both camps.

Much like how counselors take care when placing labels like "good" or "bad" onto topics of beliefs, it is important that both preservationists and conservationists are regarded without judgment. The profession needs preservationists to call attention to when critical pieces of rehabilitation counseling are in jeopardy just as much as it needs conservationists who embrace the 60-credit masters as an opportunity for students to become more marketable as counselors. By treating CACREP as an ally to be leveraged rather than an enemy to be thwarted, rehabilitation counseling has an opportunity to become more formally recognized among counseling professions at large and to become recognizable to more than just the professionals already located within the field.

Limitations of the Study

The present study was not without limitations. A primary limitation existed in the logistical structure of data collection and analysis. Due to ongoing public health concerns around the COVID-19 pandemic, the ability for the research team to meet for consensus-building activity was altered to consist of primarily web-based meetings, with the final meetings occurring in-person. Because of the extended amount of time needed to perform a typical line-by-line consensus was compounded by differences in technology access, it was determined that

the research team would need to perform a modified consensus to finish the study within its predetermined timeframe. In addition, under typical circumstances most (if not all) interviews would have been conducted at the National Council on Rehabilitation Education (NCRE) conference. A personalized setting with face-to-face conversation may have been of additional benefit to the richness of the data, allowing the researcher to tune in more actively to participant paraverbal cues during the interview, as online interface gave participants significant opportunity for impression management. This was not seen as an extensive limitation however, due to the added ease of recording through Zoom as well as ability to reach participants who may not have attended NCRE.

The development of the sampling frame could also be identified as a limitation to the present study. The intent of the purposive sampling frame was to identify rehabilitation counselor educators who embodied leadership characteristics and were considered "content-rich." As with most purposive sampling, an issue of selection bias occurs. The researcher has the benefit of being relatively new to the field of rehabilitation counseling and does not yet have the depth of connection that might introduce significant selection bias, but acknowledges that through unconscious means or through recruitment, some selection bias has occurred. A secondary sampling frame limitation also occurred in terms of exclusion policy. As a way to improve objectivity of evaluation, an exclusion criterion was set so no members of the researcher's dissertation committee were able to participate, outside of one member serving as the pilot participant whose data was not included in the final analysis. Most members of the researcher's dissertation committee exceed the criteria set for inclusion as participants, and there may have been additional insight that could have been provided had this criterion not been set.

Implications for the Profession

There are two primary areas of this study that are of particular relevance for the rehabilitation counseling field. Primarily, the initial formation of RCI elements in pursuit of a model of professional identity development for rehabilitation counselors. In addition, by identifying outcome expectancies of CACREP-induced professional identity changes at both the master's and doctoral level, rehabilitation counselor educators are able to take proactive steps to advocate on behalf of the profession.

Identifying Key Elements of RCI

By identifying a series of common factors of professional identity endemic to rehabilitation counselors, it is possible to begin building a picture of RCI. With the added benefit of these factors falling into two different categories and bolstered by interaction within the field, this understanding gets an added layer of legitimacy by demonstrating similarities to other models of professional identity development and expression. By continuing to further establish a model of RCI, the larger rehabilitation counseling field can become more attuned to a realized idea of what professional identity is in rehabilitation counseling. While not meant to be the be-all and end-all of RCI, the ability to have a conceptualization of RCI that is holistic enough to be inclusive but allowing open space for interpretation and specialization has the potential to have high impact across rehabilitation counseling education as well as interdisciplinary and public recognition of rehabilitation counseling.

Outcome Expectancies for Changes in RCI

Identifying outcome expectancies for professional identity changes in rehabilitation counseling students at the masters and doctoral level opens up the possibility for conversations around identifying potential changes, actual changes, and points of concern relevant to rehabilitation counseling as a field. By simply identifying concerns and making space for the initial conversations to occur around professional identity changes, rehabilitation counselor educators and other members of the field will be able to work collaboratively to effect change. These continued conversations are anticipated to take place at the micro, mezzo, and macro environmental level in rehabilitation counseling.

At the micro level, these conversations may be taking place informally between colleagues or in a more structured way in individual programs. Teams of colleagues may decide to pursue research projects related to professional identity or accreditation, or programs themselves may decide to investigate their accreditation status to determine how to identify changes related to CACREP accreditation. This has the potential to lead to some programs questioning CACREP as an accrediting body and it's fit for their students in rehabilitation counseling.

At the mezzo level, there is potential for professional organizations or consortia to get involved in the conversations around the impact of CACREP on professional identity changes in rehabilitation counseling.

At the macro level, encouraging conversations about the long-term impact of the CORE-CACERP merger in terms of the entire rehabilitation counseling profession (e.g., CRCC, RSA, CSAVR, even CACREP) has the potential to create meaningful change and establish opportunities for a truly unified rehabilitation counseling profession. Similar to the efforts put

into the *20/20 Principles* and the priority list for the counseling profession (Kaplan & Gladding, 2011; Kaplan et al., 2014), unification efforts at the macro level would enable rehabilitation counseling to establish field-specific priorities (which may or may not include CACREP) as well as continuing to interface with other stakeholders to ensure the longevity of the field.

Areas of Further Exploration

At the conclusion of this study, two additional areas have been identified by the researcher for further study. Based on the results from the collected data, the researcher would seek both confirmatory and additional exploratory data to better inform the profession.

Solidifying a Model of RCI Development

Given the strength of relationship between the collected data and Hall's Model of Professional Identity Development, further study is warranted to confirm or disconfirm this structure. Further testing would be confirmatory in nature, with the current sample serving as a development mechanism. To confirm the similarity in structure, additional study would be needed across the rehabilitation counseling field and not simply rehabilitation counselor educators. Further development in this area may lead to additional discovery into a more specific theory of rehabilitation counselor identity development.

Discovery Major to Major Career: Why Rehabilitation Counseling?

One additional area of study to be considered for further research is regarding recruitment to rehabilitation counseling. All but one participant in this study identified that they had been recruited to rehabilitation counseling "by accident" or by chance circumstance. As an adjunct to

this study, there is an additional opportunity to conduct additional analysis around curricular drift in rehabilitation counseling masters and doctoral programs. By studying specific reasons for how and why rehabilitation counselors initially discovered the field, additional light can be shed on strategies for rehabilitation counselor educators and rehabilitation counseling programs on how to recruit students more intentionally to rehabilitation counseling programs. Intentional recruitment brings with it the ability to curate a well-rounded, diverse, and passionate field that will persevere for many years to come.

"I'm a rehabilitation counselor. And no matter what position I've ever had, ever, including the position I hold now as a professor, who I am at my core is a rehabilitation counselor. And to me, it was important never to forget that."

References

ACA. (2014). 2014 American Counseling Association code of ethics.

Alves, S., & Gazzola, N. (2011). Professional identity: A qualitative inquiry of experienced counsellors. *Canadian Journal of Counselling and Psychotherapy, 45*(3), 189-207.

Amendments to the Vocational Rehabilitation Act, Pub. L. No. 565, 29 652-665 § 1-7 (1954).

The Americans with Disabilities Act: A Brief Overview. (2012). JAN: the Job Accommodation Network. https://askjan.org/articles/The-Americans-with-Disabilities-Act-A-Brief-Overview.cfm

Auxier, C. R., Hughes, F. R., & Kline, W. B. (2003). Identity development in counselors-in-training. *Counselor Education & Supervision, 43*(1), 25. https://doi.org/10.1002/j.1556-6978.2003.tb01827.x

Barnes, E. F., Rak, E., Austin, B., & Louw, J. (2012). Rehabilitation counselor professional identity development in master's-level training programs: An exploratory study of potential influencing factors. *Rehabilitation Research, Policy, and Education, 26*(2), 185-198.

Baruch, Y., & Holtom, B. C. (2008). Survey response rate levels and trends in organizational research. *Human Relations, 61*(8), 1139-1160. https://doi.org/10.1177/0018726708094863

Bobby, C. L. (2013). The evolution of specialties in the CACREP standards: CACREP's role in unifying the profession [Article]. *Journal of Counseling & Development, 91*(1), 35-43. https://doi.org/10.1002/j.1556-6676.2013.00068.x

Boyer, E. L. (1990). *Scholarship reconsidered: Priorities of the professoriate*. ERIC.

Braun, V., & Clarke, V. (2006, 01/01). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2019). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative Research in Sport, Exercise and Health*, 1-16. https://doi.org/10.1080/2159676X.2019.1704846

Bryant, N. C. (2018). *Transformative school counseling: An examination of the interaction between professional identity and leadership skills* APA PsycInfo. [ProQuest Information & Learning].

Burkholder, D. (2012, 10//). A Model of Professional Identity Expression for Mental Health Counselors [Article]. *Journal of Mental Health Counseling, 34*(4), 295. https://doi.org/10.17744/mehc.34.4.u204038832qrq131

CACREP. (2015). *2016 CACREP standards*. https://www.cacrep.org/for-programs/2016-cacrep-standards/

CACREP. (2019). *Annual report 2018: Council for Accreditation of Counseling and Related Educational Programs* [Annual Report](CACREP Annual Report, Issue. CACREP.

CACREP. (2020a). *About CACREP*. https://www.cacrep.org/about-cacrep/

CACREP. (2020b). *Counseling specialties*. CACREP. https://www.cacrep.org/counseling-specialities/

Cannon, E., & Cooper, J. (2010). Clinical mental health counseling: A national survey of counselor educators. *Journal of Mental Health Counseling, 32*(3), 236-246. https://doi.org/10.17744/mehc.32.3.pl5r41824l012481

Chan, F., Chronister, J., Allen, C. A., Catalano, D. E., & Lee, E.-J. (2004). Foundations of rehabilitation counseling. *Directions of Rehabilitation Counseling, 15*, 1-11.

CRCC. (2017). Code of professional ethics for rehabilitation counselors.

CRCC. (2018). *Rehabilitation Counseling scope of practice* (Career series: Promote your credential, Issue. CRCC.

Cruess, S. R., Johnston, S., & Cruess, R. L. (2004). " Profession": a working definition for medical educators. *Teaching and learning in medicine, 16*(1), 74-76.

Dawis, R. V. (2005). The Minnesota theory of work adjustment. In S. D. Brown & R. W. Lent (Eds.), *Career Development and Counseling: Putting Theory and Research to Work*. John Wiley & Sons, Inc. .

Geist, C. F. (1984). The Council on Rehabilitation Education (CORE). *Journal of Education for Library and Information Science, 25*(2), 105-108. https://doi.org/10.2307/40323050

Gibson, D. M., Dollarhide, C. T., & Moss, J. M. (2010). Professional identity development: A grounded theory of transformational tasks of new counselors. *Counselor Education and Supervision, 50*(1), 21-38.

Guest, G., Bunce, A., & Johnson, L. (2006, 2006/02/01). How Many Interviews Are Enough?: An Experiment with Data Saturation and Variability. *Field Methods, 18*(1), 59-82. https://doi.org/10.1177/1525822X05279903

Hall, R. H. (1968). Professionalization and bureaucratization. *American sociological review*, 92-104.

Heppner, P. P., Wampold, B. E., Owen, J., & Wang, K. T. (2015). *Research design in counseling*. Cengage Learning.

Hill, C. E. (2012). *Consensual qualitative research: A practical resource for investigating social science phenomena*. American Psychological Association.

Kaplan, D. M., & Gladding, S. T. (2011). A vision for the future of counseling: The 20/20 principles for unifying and strengthening the profession. *Journal of Counseling & Development, 89*(3), 367-372.

Kaplan, D. M., Tarvydas, V. M., & Gladding, S. T. (2014). 20/20: A vision for the future of counseling: The new consensus definition of counseling. *Journal of Counseling & Development, 92*(3), 366-372.

King, N. (2004). Using templates in the thematic analysis of text. In C. Cassell & G. Symon (Eds.), *Essential guide to qualitative methods in organizational research* (pp. 256-270). Sage.

LaFleur, L. B. (2007). *Counselor's perceptions of identity and attitudinal differences between counselors and other mental health professionals* University of New Orleans].

Leahy, M. J., Chan, F., Iwanaga, K., Umucu, E., Sung, C., Bishop, M., & Strauser, D. (2018). Empirically derived test specifications for the Certified Rehabilitation Counselor examination: Revisiting the essential competencies of Rehabilitation Counselors. *Rehabilitation Counseling Bulletin, 63*(1), 35-49.

Leahy, M. J., Chan, F., Sung, C., & Kim, M. (2013). Empirically derived test specifications for the Certified Rehabilitation Counselor examination. *Rehabilitation Counseling Bulletin, 56*(4), 199-214. https://doi.org/10.1177/0034355212469839

Leahy, M. J., Tarvydas, V. M., & Phillips, B. N. (2011). Rehabilitation Counseling's phoenix project: Re-visiting the call for unification of the professional associations in Rehabilitation Counseling. *Rehabilitation Research, Policy & Education, 25*.

Lent, R. W., & Brown, S. D. (2006). On conceptualizing and assessing social cognitive constructs in career research: A measurement guide. *Journal of career assessment, 14*(1), 12-35.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry* (1 ed.). Sage.

Lincoln, Y. S., & Guba, E. G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New directions for program evaluation*(30), 73-84.

Littlefield, L. J. (2016). *An exploratory study of career counselor professional identity.* [University of Georgia].

Louw, J. S., Austin, B. S., Rak, E., & Barnes, E. (2015). Master's students' Rehabilitation Counselor identity formation: A descriptive study. *Rehabilitation Research Policy and Education*(4), 302-319. https://doi.org/10.1891/2168-6653.29.4.302

Mascari, J. B., & Webber, J. (2013). CACREP accreditation: A solution to license portability and counselor identity problems. *Journal of Counseling & Development, 91*(1), 15-25.

McClanahan, M. L., & Sligar, S. R. (2015). Adapting to WIOA 2014 minimum education requirements for vocational rehabilitation counselors. *Journal of Rehabilitation, 81*(3), 3-8.

Mellin, E. A., Hunt, B., & Nichols, L. M. (2011). Counselor professional identity: Findings and implications for counseling and interprofessional collaboration. *Journal of Counseling & Development, 89*(2), 140-147.

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis:Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods, 16*(1), 1609406917733847. https://doi.org/10.1177/1609406917733847

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and policy in mental health and mental health services research, 42*(5), 533-544.

Parker, R. M., & Patterson, J. B. (2012). *Rehabiliation counseling: Basics and beyond* (5 ed.). Pro-Ed.

Phillips, B. N. (2011). *Rehabilitation counseling professional associations: Membership, membership interntions, and levels of commitment among rehabilitation counsleing professionals.* [Dissertation, Michigan State University].

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126.

Publication Manual of the American Psychological Association. (2020). (7 ed.). American Psychological Association.

Rehabilitation Act of 1973, Pub. L. No. 29, Dept. of Education (1973). https://www2.ed.gov/policy/speced/leg/rehab/rehabilitation-act-of-1973-amended-by-wioa.pdf

The Rehabilitation Act of 1973. (2020). Employer Assistance & Resource Network on Disability Inclusion. https://askearn.org/topics/laws-regulations/rehabilitation-

act/#:~:text=Section%20504%20of%20the%20Rehab,or%20the%20U.S.%20Postal%20Service.

Schultz, J. (2019). *Interview on leadership & professional issues* [Interview].

Schwandt, T. A., Lincoln, Y. S., & Guba, E. G. (2007). Judging interpretations: But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New directions for evaluation, 114*, 11-25.

Scott, S. L. (2018). *Academic role and professional identity development in counselor education* ProQuest Information & Learning]. APA PsycInfo.

Sharf, R. S. (2016). *Applying career development theory to counseling*. Cengage Learning.

Slay, H. S., & Smith, D. A. (2011). Professional identity construction: Using narrative to understand the negotiation of professional and stigmatized cultural identities. *Human Relations, 64*(1), 85-107.

Stoltenberg, C. (1981). Approaching supervision from a developmental perspective: The counselor complexity model. *Journal of Counseling Psychology, 28*(1), 59-65. https://doi.org/10.1037/0022-0167.28.1.59

Szymanski, E. M., & Linowski, D. C. (1993). Validation of rehabilitation counseling accreditation and certification knowledge areas. *Rehabilitation Counseling Bulletin, 37*(2), 109.

Tansey, T. N., & Garske, G. G. (2007). Leadership in rehabilitation counseling: Considerations for the future. *Journal of Applied Rehabilitation Counseling, 38*(4), 4-10.

Tarvydas, V. M., & Hartley, M. T. (2018). *The professional practice of rehabilitation counseling* (2 ed.). Springer.

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care, 19*(6), 349-357. https://doi.org/10.1093/intqhc/mzm042

Vocational rehabilitation act amendments. (1954). *Social Security Bulletin*, *17*(10), 16-17. https://www.ssa.gov/policy/docs/ssb/v17n10/index.html

Wegner, D. (1989). *White bears and other unwanted thoughts: Suppression, obsession, and the psychology of mental control.* Penguin Press.

Whitehouse, F. A. (1975). The rehabilitation clinician: An emerging role. *Journal of Rehabilitation, 41*(3), 24.

Woo, H., & Henfield, M. S. (2015). Professional identity scale in counseling (PISC): Instrument development and validation. *Journal of Counselor Leadership and Advocacy, 2*(2), 93-112.

Woo, H., Storlie, C. A., & Baltrinic, E. R. (2016). Perceptions of professional identity development from counselor educators in leadership positions. *Counselor Education and Supervision, 55*(4), 278-293.

The Workforce Innovation & Opportunity Act, Pub. L. No. 113-128, 29 U.S.C 3101 § 1-513 (2014).

Appendix 1: List of Professional Organization Acronyms

ARCA: American Rehabilitation Counseling Association

CANAR: Consortia of Administrators of Native American Rehabilitation

CSAVR: Council of State Administrators of Vocational Rehabilitation

IARPL International Association of Rehabilitation Professionals

NAMRC: National Association on Multicultural Rehabilitation Concerns

NARF: National Association of Rehabilitation Facilities

NCRE: National Council on Rehabilitation Education

NRA: National Rehabilitation Association

NRCA: National Rehabilitation Counseling Association

RCEA: Rehabilitation Counseling Educators Association

Note: This is not an exhaustive list, and is intended to only cover professional organizations mentioned in the discussion of this study.

Appendix 2: Research Protocol

Research Protocol- RCI Formation

Introductions

Verbal agreement/IC

Gathering summary data: Program location, years of experience (RC & Education), professional affiliations/memberships/leadership positions.

Interview Protocol

1. Tell me about how you got into the rehabilitation counseling field?

2. A student interested in your rehabilitation counseling program asks you "what is a rehabilitation counselor?" What do you say? From where, who, or what did these ideas come from?

3. Has your definition of rehabilitation counselor identity changed as a result of the CORE-CACREP merger?
   IF YES: Describe the changes that took place.
   IF NO: What has made this identity steadfast?

4. What impact do you think the merger will have on the professional identity of future rehabilitation counselors?

5. How do you think this change will impact rehabilitation counseling/counselor education in terms of professional identity?

6. Do you think there is a place in rehabilitation counseling for a single, encompassing professional identity?
   IF YES: What would this unified identity look like?
   IF NO: Why not?

7. Where do you see rehabilitation counseling in relation to the rest of the counseling field?

8. We know the CORE-CACREP merger isn't going away any time soon, how do you envision rehabilitation counseling co-existing with CACREP?

Appendix 3: Recruiting Email to Participants

Dear Counselor Educator,

We invite you to complete an interview with Rehabilitation Counselor Education dissertator Kate Friedman in order to better understand how rehabilitation counselor educators conceptualize rehabilitation counselor identity in the wake of the CORE-CACREP merger and the long-lasting impact of the merger on rehabilitation counselor education.

We do not anticipate that completing this interview will contain any risk or inconvenience to you, and participation in this research project is completely voluntary. It is anticipated that the interview will take 45-60 minutes to complete. There are no additional benefits to participation. You have the right to say no or change your mind at any time and withdraw. You may choose not to answer specific questions or to stop participating at any time. You must be 18 years or older to participate.

Please be aware, while we make every effort to safeguard your data once received from the data gathering software, given the nature of anything involving the Internet, we can never guarantee the confidentiality of the data while still on the data gathering company's servers, or while en route to either them or us.

To participate, please schedule an interview using this link:
https://calendly.com/kbfriedman/dissertation-interview-friedman

We appreciate your support and consideration for this research project. If you have any questions, please contact researcher Kate Friedman (bakhuizen@wisc.edu) or the project PI Dr. David Rosenthal at (drosenthal@education.wisc.edu)

Sincerely,
Kate Friedman, MA CRC