

What Life Care Planners Need to Know About the Professional Discipline of Rehabilitation Counselors

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Abstract

The specialty practice of life care planning was originally begun by a rehabilitation counselor and includes vocation as an essential life domain. Rehabilitation counseling has historically, and still is today, a profession that focuses on providing the highest degree of community, vocational, recreational, and independent functioning possible. The primary credential that identifies a rehabilitation counselor is the Certified Rehabilitation Counselor (CRC) certification which can be commonly misunderstood as strictly a vocational support profession. Rehabilitation Counselors who also coordinate life care plans have the expertise to not only provide input for the vocational aspects of the plan, but the ability to coordinate care and assist in building independence.

History and development of this profession

The genesis of life care planning occurred within the rehabilitation counseling discipline. The first mention of a “life care plan” was in Deutsch & Raffa’s *Damages in Tort Actions* in 1981 (Pomeranz, Yu, & Robinson, 2014), although there is clear evidence that rehabilitation counselors were using some of the main principles now common to the standard methodology of life care planning decades earlier (McGowan & Porter, 1967). The lead author of the aforementioned book, Paul M. Deutsch, Ph.D. was a certified rehabilitation counselor who is credited as the founder of the field of life care planning and did so out of applying the principles of rehabilitation counseling already in use in the field for many years. Although the practice of life care planning began in the early 1980’s, by the time standards of the profession were being established in 1992 (Weed & Berens, 2010), the American health care system was “undergoing one of its periodic structural transitions” (Friedman, 1996) where competition and profit-driven managed care was seeking new ways to cut costs for medical care, often at the expense of quality. As the health care system became more complicated and patient advocacy continued to require more guidance in times of illness or disability, the need to understand the patient experience from a holistic perspective grew.

The vocational life of citizens as an important part of individual and social health has been clear since the early days of rehabilitation. While the history of disability rights in America can be traced back to the mid-18th century, the vocational contributions relevant to life care planning can be

greatly attributed to the post-WWII recognition of the importance of rehabilitation medicine (Rubin & Roessler, 2008). The growth of vocational rehabilitation between the years of 1954 and 1972 are considered to be the “Golden Era” of rehabilitation in the United States (Rubin & Roessler, 2008). During this era, federal funding for vocational rehabilitation and advocacy by consumer rights groups established the need for vocation in rehabilitation planning after illness or injury. In particular, the Rehabilitation Services Administration was established via The Rehabilitation Act of 1973. It was also at this time (1972) that the Council On Rehabilitation Education (CORE) was established to accredit training programs in rehabilitation counseling (Linkowski & Szymanski, 1993). In the years following, an increase in rehabilitation counseling training programs and greater establishment of a profession that provides vocational assistance to people with disabilities became a mainstay in communities across the United States.

Much of the Golden Era of rehabilitation drove public provisions of rehabilitation services, but it was during the early 1980’s, right at the time that life care planning was born, that proprietary vocational rehabilitation emerged in the private sector. Many states began requiring vocational rehabilitation counseling for injured workers through a compensation system.

While cost efficiency is not a primary concern for the public sector, where rehabilitation is viewed as an entitlement for those who receive it, it is critical to the insurance executive, the actuary, the underwriter, and the employer who must arrange the premiums and assign or pay the cost of coverage. (Dunn, 2017, p. 94)

By the early 1990’s when the standards of a life care planning methodology and practice were being established, proprietary vocational rehabilitation was at its peak (Dunn, 2017). By this time, the role of achieving maximum vocational potential was considered an essential to life, liberty, and the pursuit of happiness among all people, including those with severe disabilities. The need to provide rehabilitation services, coupled with the changes in health care spending to control costs, further clarified the need to understand the services and costs of people who live with illness or injury. Thus, the role of the rehabilitation counselor in life care planning provides a valuable contribution to the life care planning process, not just to establish a single line-item need for vocational services, but assessing the range of

services a person may need.

Other names by which this profession may be known

Rehabilitation counseling is commonly misunderstood by the general public as being related to either substance abuse or occupational therapy, however specific vocational expertise positions rehabilitation counselors to provide vocational assistance to people with disabilities. Just like a “doctor” is a general term for a specific type of doctor, such as a psychiatrist or physiatrist, a rehabilitation counselor may work under different titles. Some of these titles include: vocational expert, vocational consultant, rehabilitation case manager, forensic vocational counselor, rehabilitation specialist, and/or vocational placement specialist. These titles generally refer to the counselor’s specialty area. A vocational expert or forensic vocational counselor typically will specialize in legal reporting of one’s earning potential (or capacity), availability of a person with a disability to be employable given medical restrictions, or matching individuals with disabilities in a given economic area. A rehabilitation case manager or vocational placement specialist may specialize in specifically matching individuals with disabilities to employers or other community services related to vocation, avocation, or personal independence.

Education to enter the profession

Rehabilitation counselors receive education and training concerning the medical and psychosocial aspects of disability, assistive technology, and a myriad of other topics designed to maximize the abilities of people with disabilities. The Commission on Rehabilitation Counselor Certification (CRCC) administers the certification examination for the Certified Rehabilitation Counselor (CRC) credential and is the oldest (1975) independently accredited, non-profit credential among others in the field (Albee, Gamez & Johnson, 2017). While it is the most common in the field of rehabilitation counseling and most counselors acquire it, this is changing. In some states, master’s degrees are not required to work at state vocational rehabilitation programs and there may be more people who use the title of Rehabilitation Counselor who are not certified or academically trained in vocational potential or disability-related issues. While it is not required to hold a CRC certification in order to practice as a life care planner, some of the credibility of the vocational counselor is established by maintaining the CRC designation. Unlike state licensing bodies which regulate the practice of certain professions within states, the CRC holds its value by the standards through which vocational and disability-related content are held in training and practice (Leahy, Chan & Saunders, 2003; Leahy, Muenzen, Saunders & Strauser, 2009). Specifically, an examination is required to demonstrate knowledge and competency in the educational content areas described below, and counselors are required to continue their education in order to maintain a valid credential. Some states recognize the CRC exam as

comparable to the National Counselor Exam (NCE), which is the exam required for general counseling licensure, while others do not. What is important to know about the CRC certification is that while it is not required to practice as a rehabilitation counselor or life care planner, it does establish basic competency and a commitment to continued education in vocational and disability-related issues.

Related to the issue of basic competency and credibility, there are rehabilitation undergraduate majors focused on similar issues of disability and work, but the programs are not accredited and the students are not eligible for a CRC or state licensure. Given the level of expertise and specific roles of a life care planner, these authors would hope that misrepresentation would not occur, however the title of rehabilitation counselor can be interpreted widely and may include counselors with varying degrees of credibility.

Currently 76% of CRC certified counselors have graduated from a rehabilitation counseling program focusing on the specialized knowledge of disability and work according to a 2008 study conducted by the Commission on Rehabilitation Counselor Certification (CRCC, 2008c). In that same study, it is reported that 92% of the field holds master’s degrees and 8% hold doctoral level degrees. The master’s degree is known as the terminal degree, which is the highest level of education required to practice as a counselor. The majority of doctoral level degrees focus on education of counselors and research. All of these counselors are trained in the same base training requirements regarding disability and vocation.

Contained within the CRC Examination Knowledge Domains are subjects of particular importance to the practice of life care planning. Those domains include: medical and psychosocial aspects of chronic illness and disability; assessment, occupational analysis, and service implementation; career development and job placement; community resources and partnerships; case management and health care and disability management (CRCC, 2018a).

Similarly, the CRC Scope of Practice statement identifies “specific techniques and modalities utilized within” the rehabilitation counseling profession, including: assessment and appraisal; case management, referral, and service coordination; interventions to remove environmental, employment, and attitudinal barriers, consultation services among multiple parties and regulatory systems, job analysis, job development, and placement services, including assistance with employment and job accommodations; and provision of consultation about and access to rehabilitation technology (CRC Scope of Practice, 2018b).

The field of rehabilitation counseling is currently going through a transition of accrediting bodies, which changes the educational content required for graduation. The Council on Rehabilitation Education (CORE) has been the foremost accrediting body for the field of rehabilitation counseling. Recently some programs have chosen the option to be dually accredited by the Council for Accreditation of Counseling

and Related Education Programs (CACREP). The primary differences for the purposes of identifying the training requirements for counselors are course content requirements and licensure/certification options post-graduation.

For those programs not choosing to seek CACREP accreditation, they will primarily be offering what is considered a “traditional” vocational counselor training. These students will be CRC eligible following a 48 credit-hour program with a 700-hour clinical experience element. These requirements will be the same as they always have been for CORE accredited programs. Any counselor graduating with a master’s degree in Rehabilitation Counseling prior to 2013 will have met these requirements. Students will have covered the following curriculum knowledge domains: professional identity and ethical behavior; psychosocial aspects of disability and cultural diversity; human growth and development; employment and career development; counseling approaches and principles; group work and family dynamics; assessment; research and program evaluation; medical, functional, and environmental aspects of disability; rehabilitation services, case management, and related services; and, clinical experience (CORE Standards, 2018).

Although these students will have a clinical experience following course work, they are not awarded the degree of clinical rehabilitation counselor unless they complete a CACREP accredited program requiring 60 credit-hours and 700 hours of clinical experience. This clinical designation loosely refers to training in more mental-health specific content, not just relating to disability or vocation. Students graduating from a CACREP program have the option of maintaining an identity of rehabilitation counselor and are eligible for the CRC; however, they are also eligible for state mental health licensure. (See common specialties areas below for more on state licensure.) Many of the knowledge domains are, for practical purposes, are the same except for an additional focus on mental health diagnosis and substance abuse. A similar focus on identity, ethics, theory, medical aspects, assessment, roles and scope of practice, service delivery, independent living, psychopharmacology, family services, assistive technology, work and employment, cultural factors, and advocacy exist in the CACREP standards (CACREP, 2015). In addition to this, CACREP requires that all training programs require students to take courses with the following foundational content areas that are directly related to life care planning: a) social science theory that addresses the psychosocial aspects of disability, b) principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning, c) neurobiological and medical foundation and etiology of addiction and co-occurring disorders, d) etiology and effects of disabilities and terminology relevant to clinical rehabilitation counseling, e) and, screening and assessment instruments that are reliable and valid for individuals with disabilities (CACREP, 2016). For a full review of contextual dimensions and practice

requirements of education and training programs, the most recent copy of CACREP standards can be found at <https://www.cacrep.org/for-programs/2016-cacrep-standards/>. Given the differences in course titles it is not possible to list the specific courses that rehabilitation counselors take in order to be qualified to write life care plans, however any program that trained a counselor and is CORE or CACREP accredited will have covered the appropriate foundational medical and psychosocial elements necessary for life care planning. The specific pre and post-graduate experiences of the counselor will provide more insight into their specific preparedness and qualification for life care planning.

A general take-away is that rehabilitation counselors are specially trained to understand how disabilities affect an individual’s vocational and psychosocial life. They are trained in social and legal issues affecting those with disabilities and are most uniquely trained to assess vocational aspects of disability. However, given the differences among a state’s vocational rehabilitation educational requirements and individual state’s mental health licensing requirements, counselors may be less or more qualified in any of these areas. Counselors have an ethical responsibility to properly represent their credentials and experience (CRCC Code of Ethics, 2017, D.4).

Common specialty areas, roles, and credentials that can expand expertise and scope of contribution to life care plans

The most common credential in the field is the Certified Rehabilitation Counselor (CRC), which has already been discussed. Some counselors choose to acquire other certifications such as Vocational Rehabilitation Expert (VRE), Certified Disability Management Specialist (CDMS), American Board of Vocational Experts (ABVE), International Psychometric Evaluation Certification (IPEC), Certified Vocational Evaluator (CVE), Certified Case Manager (CCM), and others. This is by no means a complete list.

In addition to vocational and disability specific credentials, many counselors seek licensure as a mental health counselor. Mental health licenses are regulated and issued at the state level and the most common across the country are the Licensed Professional Counselor (LPC), Licensed Professional Clinical Counselor (LPCC), Licensed Professional Counselor of Mental Health (LPCMH), Licensed Mental Health Counselor (LMHC), and Licensed Clinical Professional Counselor (LCPC). In addition to these common licenses, some counselors choose to represent themselves with the designation of NBCC as a National Board Certified Counselor or NCE as someone who has passed the National Counselor Examination. These are not licenses to practice but they are credentials that represent competency in the counseling profession. A complete list of counseling requirements by state can be found at

www.counseling.org/knowledge-center/licensure-requirements.

Misconceptions about what this profession is, or can do, or cannot do

Some of the most common misconceptions about the profession are related to its name. The general public is typically not well-versed in the specific role of a rehabilitation counselor and assumes it is either something regarding substance abuse or just like occupational therapy. Even among other helping professionals or social service providers, there is often a lack of clarity of the specific niche that rehabilitation counselors fill. There are some cross-over skills that rehabilitation counselors share with other professions, but the unique niche involves an understanding of the vocational needs of individuals with disabilities and how that matches with the employment needs of specific labor markets. More specifically, rehabilitation counselors specialize in identifying how an individual's abilities match up with a specific job's requirements. Professionals may choose to specialize further in a specific disability or a work for a specific funding source, but the general rule of job-matching applies.

Another misconception is that rehabilitation counselors are not able to adequately author life care plans due to the emphasis on medical knowledge. While the educational standards of training programs are addressed above, it is worth noting here that the Standards of Practice for Life Care Planners 3rd edition (International Academy of Life Care Planners, 2015) requires that the Life Care Plan author only make recommendations within their professional scope of practice. All other recommendations must be drawn from other qualified professionals or authoritative sources. Thus, the Life Care Planner may use skills from developing medical treatment plans, nursing care plans, therapy plans or rehabilitation plans to develop a comprehensive program addressing the constellation of needs the recipient requires over the remaining lifespan. Case management, health care management and counseling skills are useful in coordinating the recommendations of the various disciplines and integrating them into a single document. While rehabilitation counselors must demonstrate adequate training and experience to be able to offer credible opinions, this is not unlike any other professional offering their perspective in a life care plan.

Differences between Canadian and U.S. practitioners in this profession

The Canadian certification equivalent to the CRC in the United States is the Canadian Certified Rehabilitation Counselor (CCRC). For practical purposes, they share much of the same requirements for certification. "The profession of rehabilitation counseling within Canada shares a common scope of practice, theoretical foundation, and roles and functions validated through empirical evidence" (Riggard &

Maki, 2004, p. 87). While the role of the counselors may be similar, training requirements are a bit different. Canadian Counselors do not emphasize the same mental health requirements as their U.S. counterparts, specifically "group counseling, family counseling, and school-to-work transition" (Riggard & Maki, 2008, p. 86). Also, the differing governmental organization and health care policy means that Canadians view the provision of health care differently than the U.S.

The CCRC is the most common certification for vocational counselors in Canada, however further specialization can be obtained through several other designations. A certified Vocational Evaluator (CVE) is a bachelor's level certification that is obtained through a written examination and adherence to a code of ethics and requires continuing education. The Canadian Certified Counselor (CCC) is a master's level also requires adherence to a code of ethics and requires continuing education. Another more general designation, the Registered Rehabilitation Professional (RRP), can be obtained through evidenced course work, a bachelor's degree, and letters of reference. It is likely that the most common credentials encountered by life care planners are the CCRC and CCC, in addition, of course, to the Canadian Certified Life Care Planner which is accredited by the International Commission on Health Care Certification (ICHCC) located in the U.S. and follows the same experiential and training requirements.

Other information important for life care planners to know

The primary contribution of rehabilitation counseling to the life care plan may appear to be the specific expertise related a patient's vocational life post-injury or illness. However, rehabilitation counselors have served a crucial role in identifying an individual's ability to work and find meaning while living with illness or injury as well as the identification and coordination of services and needs for individuals with injury and disability. While the vocational expertise of rehabilitation counselors certainly aids in development of future vocational potential in a life care plan, they also assess for a range of services a person may need. Given the specific training of rehabilitation counselors in disability related issues, they are uniquely positioned to intimately know outcomes of disability in terms of psychological adjustment and vocational potential.

A 2009 research study queried 648 CRC certificants to identify essential knowledge domains for rehabilitation counselors finding that many of the subdomains identified were directly applicable to life care planning, including: Individual and family adjustment to disability; Psychosocial and cultural impact of disability on the individual; Psychosocial and cultural impact of disability on the family; Attitudinal barriers for individuals with disabilities; Interpretation of assessment results for rehabilitation planning purposes; Assistive technology; Vocational

implications of functional limitations; Case management process, including rehabilitation planning, service coordination, and referral to and collaboration with other disciplines; Techniques for working effectively in teams and across disciplines; Medical aspects and implication of various disabilities; Function capacities of individuals with physical, psychiatric, and/or cognitive disabilities; and Environmental barriers for individuals with disabilities (Leahy, Muenzen, Saunders & Strauser, 2009). Whatever the professional discipline of the author of the life care plan, many sections of the life care plan may be out of the scope of practice of the practitioner, therefore, collaboration with other allied health professions is required to develop a comprehensive life care plan (International Academy of Life Care Planners, 2015; Robinson, 2014).

Rehabilitation counseling education, training and certification requirements, discussed above, demonstrate the value and wide range of input the rehabilitation counselor can make to the life care plan. The rehabilitation counselor determines whether the subject of the life care plan would have the ability to perform any type of work activity or if they lack such ability. If work is possible, the rehabilitation counselor must determine what types of work would be functionally appropriate. Vocational services such as counseling, training, training supplies and expenses, assistive technology, transportation, and vocational support services must be described along with cost, frequency, and duration of such items (Berens & Weed, 2009).

If a successful employment outcome is anticipated or realized, services to support continued employment must be assessed and provided for in the life care plan. Impairment-related work expenses will vary greatly depending upon the needs of the individual but can include: Employment-related attendant care services, readers for those with visual impairments or interpreters for those with hearing loss, work-related medical devices, technology or prosthetics; modification of the work space, a service animal and/or transportation costs (Blackwell, Powers, & Weed, 1994.) A study of vocational outcomes for individuals after brain injury for whom a life care plan was developed, found 52% were employed in supported, transitional, school, training, or direct employment, with 20.5% stably employed. The authors cautioned, "there are clear implications for life care planners not to forget their commitment to vocational rehabilitation in plan development" (Deutsch, Kendall, Daninhirsch, Cimino-Ferguson & McCollom, 2006, p. 312).

Conclusion

This article has provided an explanation of the history of rehabilitation counseling and how it is recognized today internationally in the U.S. and Canada through training and certification. The goal of this article is to help explain what rehabilitation counseling is, what certifications counselors hold and their purpose, the educational requirements and training foundations of the profession, and, most importantly,

how vocational counseling is essential to a complete life care plan. Many people view work as part of their identity and when that identity is altered due to disability, perceptions of self-worth may be diminished, quality of life may decline, and negative effects on life expectancy may result (Robinson, 2014). For people with disabilities, loss of employment and lack of employment opportunities prevents them from obtaining "full community inclusion and participation, stalls upward mobility, greatly affects their health-related quality of life, and subjective well-being" (Leahy, et al., 2014). Fortunately, life care planning methodology recognizes the need to include vocational planning as an essential life domain. Most specifically, rehabilitation counselors provide special expertise regarding the vocational potential, as well as a range of other services that are essential to a complete life care plan.

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