

PROFESSIONALIZATION OF VOCATIONAL EVALUATION

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ABSTRACT

Several approaches used assess the development and status of professions are discussed and applied to vocational evaluation. Barriers to professionalization for vocational evaluation are explored relating to perceived status, professional organization, role completion, technology, and fragmentation within the field of rehabilitation. Initiatives are discussed to enhance the status of vocational evaluation, facilitate a higher professional entry level, increase the base of qualified professionals, initiate marketing strategies. Professionalization is approached as process that can be enhanced by an action-oriented response by universities, a national association, national forums, and professionals identifying with vocational evaluation.

The process of exploring vocational evaluation as a profession and developing a strategy toward professionalization is a challenge from many points of view. This paper is an attempt to compare vocational evaluation to the professionalization process and explore barriers and initiatives relating to the professionalization of vocational evaluation.

There are several approaches that have been used to assess the development and status of professions including process, structure and function, and the power position they occupy (Hawley and Capshaw, 1981). Although some of the aspects of process models are satisfied, others very much still in question for vocational evaluators. The term vocational evaluator was established in the late 50's and early 1960's when state vocational rehabilitation agencies began purchasing vocational evaluation services and they became a component of the service process of rehabilitation facilities. During the 1960's, the identity of the vocational evaluator became established primarily in not-for-profit rehabilitation facilities and initiatives began to establish a national association. During the past 20 years, vocational evaluators have primarily been employed in rehabilitation facilities and educational settings. In recent years, vocational evaluators have begun practices in the private sector. The recognition of the identity of vocational evaluators through community sanction has not been established to any significant degree. To achieve community sanction, the profession must control the certification, registry, and/or licensure of professionals, maintain control of training programs, and professional performance evaluation must be conducted by peers rather than governmental agencies (Ritzer, 1977). It is clear that initiatives in these areas are in the very early stages for vocational evaluation.

Vocational evaluation has begun establishing a body of knowledge drawing heavily from education, counseling and psychology which is typical of emerging occupations and professions in the health related field. One often mentioned criterion for a profession is specialized preparation/training of its members with a focus on formal educational credentials. These credentials have not been established for vocational evaluators and required specialized preparation for the practice of vocational evaluation is not yet in existence. The Commission on Certification of Work Adjustment and Vocational Evaluation has specified twelve knowledge and performance areas and within these areas, 5 required core areas that an

individual must satisfy through a combination of education and experience. This is the basis for certification as a Certified Vocational Evaluator (CVE) upon the passing of a certification exam. Approximately 2400 individuals presently hold the CVE certification. This compares to a VEWAA membership of 1590 (June, 1987) and represents a small percentage of individuals occupying positions as vocational evaluators which is estimated at approximately 15,000 to 20,000. Although some individuals are certified in the educational field, very few requirements exist for certification, registry, or licensure in vocational evaluation.

Vocational evaluation must reach some degree of professional autonomy to achieve significant progress toward professionalization. Autonomy has been a difficult road for vocational evaluation due to the confines of external funding, employed status within state agency supported settings, and competition with other professional groups. A related criterion that defines a profession is the power position it occupies (Ritzer, 1977). This relates to the ability of professionals to convince the rest of society that they possess technical expertise and specialized training that cannot be made routine and available to everyone. Another aspect of power is to control who may enter the profession and under what circumstances (training, credentials, etc.). Under these conditions, vocational evaluators cannot claim very much power in controlling their own profession.

There are several areas in which vocational evaluation has begun to demonstrate progress toward professionalization. A service process has evolved over the years and specialized training exists in the form of formal education and inservice training. A national association has been active for approximately 20 years to provide the nucleus for a professional membership. A code of ethics has been established for the field of vocational evaluation. The importance of legislative initiatives has been recognized and steps have been taken in this direction in recent years.

Vocational evaluation and the professionals that identify with this area of expertise are significantly impacted by all of these changes, developments, and circumstances. An attempt will be made to explore the professionalization of vocational evaluation both from the point of view of barriers and response initiatives.

Barriers to Professionalization

One of the most obvious barriers to the professionalization of vocational evaluators is perceived professional status which is also related to identity and professional autonomy. Professions with higher status and prestige usually enjoy higher salaries, autonomy in professional work activities, and exclusive areas of practice. As a result, professions seek high levels of recognition, uniqueness and value as perceived by society. Studies have been conducted to explore the perceived professional status of vocational evaluators (Chan, Parker, & Lam, 1986, and Sawyer, Allen, & Maki, 1980). Both studies confirmed the relatively low level of perceived professional status indicating a marginal status profession. Both of these studies had participants who were graduate and undergraduate university students majoring in human services. The participants represented emerging professionals in health related professions including physical therapists, social workers, psychologists, rehabilitation counselors, and other related professions. A recent study by Sawyer and Saxon (1986) also included as participants vocational rehabilitation staff members and members of a community service organization. In perceived professional status rankings, the vocational rehabilitation staff members ranked the vocational evaluator (16th) lower than other such occupations as physician assistant (12th), rehabilitation nurse (8th), rehabilitation counselor (5th) and higher than child and family service worker (18th), practical nurse (21st), and home economist (22nd). The finding of some concern to vocational evaluators was that members of a community service organization ranked the vocational evaluator last among 22 health related professions, and of all participants who were not rehabilitation professionals, approximately 50 per cent were unfamiliar with the title of vocational evaluator. Public recognition appears to be related to the availability of professionals for community sanction and it is evident that vocational evaluators have been isolated at least to some degree from the general public.

Since vocational evaluation transcends the confines of traditional rehabilitation settings, i.e., school systems and industry, much discussion continues as to its identification with professional organizations. Many individuals identify with vocational evaluation who do not have a direct linkage with rehabilitation organizations and are

therefore reluctant to join NRA and VEWAA. Some of these individuals are certified in other areas, i.e., teaching, or identify with groups not affiliated with NRA, i.e., NARPPS.

Many vocational evaluators are hired with very little experience and training in vocational evaluation for positions, especially in rehabilitation facilities, and in some cases, school systems. Very few regulatory controls exist to impact the employment, qualifications, and expertise of vocational evaluators by either state government, professional organizations, or accrediting groups. This is also true in varying degrees for other professional groups in rehabilitation. The professional entry level for vocational evaluation continues to be defined within the direct service arena and by some educational settings. Although exact statistics are not known, a relatively few number of university graduates (less than 100), either at the undergraduate or graduate levels, who professionally identify as vocational evaluators graduate from universities each year.

Role identification and competition for professional service territory constitutes a challenge to the professionalization of vocational evaluation. McDaniel (1986) discussed the role strain among a variety of occupational specialties who are staking out territory in the assessment/evaluation service arena. Some specialties mentioned were special educators, rehabilitation counselors, occupational therapists, and school guidance psychologists. Other professionals exploring a more involved rehabilitation evaluation service role includes the rehabilitation psychologist, vocational expert, and rehabilitation specialist. Gaining service territory often relates to power, recognition, and control in the market place, not only in the private sector, but also in public agencies. For example, if a public agency needs to provide physical therapy, a qualified and sanctioned physical therapist must perform that service, instead of a lower salaried individual who has acquired that job title as a result of meeting related education requirements. As vocational assessment becomes more and more profitable, expertise in this area will become a part of curriculum for other professionals and the focus for national inservice training workshops (i.e., work capacity evaluation, assessment in personnel selection, etc.). As McDaniel (1986) points out, service ownership is often closely related to certification and accreditation issues. These credentials, along with licensure and registry, are good examples of control in the professional service arena, and

serve to regulate who can practice a specific profession. As a result, there is a great deal of competition among professional groups to control access to vocational assessment, especially in the private sector, industry, and educational settings.

An interesting barrier to professionalization is the rapidly advancing technology and increasing demands for shorter and time-efficient evaluation. It is somewhat analogous to the impact technology has had on the field of medical technology. In this field, the medical technologist is scrambling for new and unique roles as a result of technology, automation, and the necessity of hospitals to become more cost-effective. The major difference is that the vocational evaluator is evaluating a unique individual with his or her own set of problems and life circumstances. The marketing of computerized vocational evaluation systems often gives an impression of "automation" with resulting profiles, "canned" reports, job listings, and service plans. As professionals (untrained in vocational evaluation) utilize these systems, they do so without knowledge of the DOT, job analysis and with minimal expertise in transferable skill analysis and the integration of physical capacity information into vocationally relevant recommendations and reports.

Without a professionalization process, the vocational evaluator could easily be transformed into a technician role providing information to other professionals. A good example is vocational education's response to the Carl Perkins Act, which requires an assessment of handicapped and/or disadvantaged students (Edgcomb, 1986). Edgcomb (1986) indicates that, in many cases, this vocational assessment is being conducted by teacher aides, librarians, teachers, or other aides. In a response to market demands, computer-based trait testing and computerized job searches are in vogue as the vocational evaluation in the 1980's (McDaniel, 1986). As vocational evaluators are pressured to abandon behavioral analysis, unique decision making, discriminating use of work samples, and experiential approaches (i.e., on-the-job evaluations), they move closer to a technician role and away from autonomy as a professional. The physical therapist may use Cibex equipment and the occupational therapist might elect use the Baltimore Therapeutic Equipment (BTE), but professional decision-making, assessment, and treatment is the central focus for education and practice. The challenge is to utilize emerging technology to enhance the professional service of vocational evaluation. There is no doubt that technology, especially computer

technology, will have a significant impact on the future of vocational evaluation and, if utilized properly, will enhance the professionalization process.

Finally, the fragmentation within the field of rehabilitation could well serve as a barrier to the professionalization of vocational evaluators. This fragmentation and decreasing influence of NRA could further isolate professionals in vocational evaluation who primarily relate to VEWAA for their focus of professional identity. One indicator of this fragmentation is the growing emergence of job titles representing professionals who identify vocational evaluation/vocational assessment as an integral part of their professional role. As a result, many job titles compete for status and recognition, such as placement specialist, rehabilitation counselor, employment specialist, vocational evaluator, work adjustment counselor, vocational consultant, and rehabilitation specialist (Sawyer & Saxon, 1986). The professional expertise of "rehabilitation professionals" in the private sector is perceived by the attorney and other consumers as being some combination of counseling, vocational assessment, and job placement with some confusion about job titles (Brandon, 1983).

Initiatives

Initiatives being discussed are in direct response to the barriers presented in the previous section. Strategies to enhance the public recognition and status of vocational evaluation are needed at a national level. This is usually done through a professional organization that has the ability to attract potential professionals into its professional field of expertise. Strategies are also needed to regulate the profession of vocational evaluation and begin defining a professional entry level. Professional role identity is an important area for the focus of strategies considering the increasing competition from other professional fields. After an overall consideration of these barriers to professionalization, it was decided to focus on two priority areas within which many strategies could be developed. These priority initiatives for the profession of vocational evaluation involve (1) increase qualified professionals who can practice vocational evaluation, and (2) initiate marketing efforts to establish the profession in society. Regardless of how many qualified professionals there are, professional growth cannot take place if no one knows they are there and the value of their service is not very well understood. On the other hand, all

the marketing efforts that are made will be of no significance if qualified professionals are not there to follow through with credible and outcome-based services.

Obviously, this will not be an easy task for vocational evaluation as is true with other emerging professions. The first step is to dispel the notion that on-the-job training and a related educational background constitutes the entry level for the professional vocational evaluator. There must be a higher entry level demanded by the field of vocational evaluation and also by the consumer market. Established credentials are needed to enter vocational evaluation and these usually relate to licensure, certification, registry, and/or specialized education. As a professional, an individual cannot perform a psychological evaluation if they are not a licensed psychologist or conduct a medical evaluation unless they have legal credentials to provide the service. The control of a profession relates to the ability to regulate who has the credentials to practice in that profession. Initiatives from university programs must include a focus on accreditation of their own programs and a proactive stance in encouraging appropriate entry levels through legislation and public acceptance. The dependence and continual focus on federal funding has the effect of limiting the growth of the profession by imposing training and employment restrictions. In the opinion of this author, the best trained and most qualified vocational evaluator for the private sector will be the best trained and most qualified vocational evaluator for the public sector. University programs which train vocational evaluators should be facilitated and guided by consumer demands and professional opportunity, and not based solely or partially on the availability of federal or state funds to operate the program and/or provide student traineeships. Presently, there are approximately twelve university programs with identified programs in vocational evaluation, graduating approximately 80-100 students each year. Another trend is the incorporation of vocational evaluation/assessment courses in rehabilitation counselor programs. As the identity of the vocational evaluator is promoted, an initiative should be made to expand vocational evaluation education programs that would recruit emerging professionals.

The other priority relates to marketing the profession, vocational evaluation. Professional status and recognition are essential to professionalization. As has already been stated in this paper, higher salaries, exclusive rights of professional

practice, and autonomy in the work arena relate to status and prestige. Marketing needs to be initiated at a national level through one "professional voice" or professional organization such as the case of AMA or APA. This has been a significant challenge for vocational evaluation, as professionals relating to this field identify with various fields (i.e., rehabilitation facilities, education, private rehabilitation) and tend to form unique evaluation-oriented organizations (McDaniel, 1986). Therefore, a single, national association appears to be needed to launch a professional marketing effort. The question becomes whether this professional group can be tied to an established organization (i.e., NRA) or whether it needs to have a focus of its own. If anyone feels marketing is not a serious endeavor, all they need to do is ask any private business or, for that matter, another established profession (i.e., Pharmacy, Law, Occupational Therapy, etc.). The traditional thinking of professionals and educators in vocational evaluation needs to change from a fixed funding or "grant mentality" to a "marketing mentality." The identity of the vocational evaluator has been isolated within public agencies with very little contact with community consumers. Marketing is attitude change selling and involves promoting name recognition, value of products, and "awareness enhancement" in special markets. Some marketing initiatives for vocational evaluation could include high quality promotional materials, paid or public service TV and radio spots, presentations at conferences attended by community consumers, promotional booths at various conferences, recruiting activities at colleges and universities, and professional books and materials that are practitioner-oriented and designed to be used on a day-to-day reference basis. Another effective marketing technique is to study what approaches are working for other professions and modify these initiatives for vocational evaluation.

Conclusion

The potential in the future for vocational evaluation and rehabilitation assessment services is very significant. Vocational evaluation has established a track record of providing these services and therefore, should have an advantage in the marketplace. Professions emerge over a period of time, but certain steps can be taken to enhance this process. In the opinion of this author, the first phase is to understand and accept the barriers to professionalization. These barriers for vocational evaluation are very similar to other emerging professions that are trying to establish an identity and professional status in society. Following understanding, the next phase is to develop and implement initiatives focused on the professionalization process. Within these initiatives, national strategies can be identified for various groups working toward a common goal initiative (i.e., educators setting standards for vocational evaluation programs in universities).

The challenge is there for vocational evaluation to continue the professionalization process. Markets and service settings are being identified in every sector of society with expanding needs for vocational assessment services. If the trends during the past 15 years are any indication, the future of vocational evaluation will be an exciting and challenging professional service arena.

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