

# Transition Practices of Vocational Rehabilitation Counselors Serving Students and Youth With Disabilities

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**Purpose:** The Workforce Innovation and Opportunity Act of 2014 mandates vocational rehabilitation (VR) counselors play a greater role in providing transition-related services for students and youth with disabilities, such as pre-employment activities and increased collaborative efforts with state and local education agencies and American Jobs Centers to improve employment outcomes.

**Method:** We surveyed 538 VR counselors in 13 high performing State Vocational Rehabilitation Agencies to rate the importance of transition-related skills and their preparation to undertake these activities.

**Results:** Overall, VR counselors rated the importance of all transition-related items highly, but rated their preparation to perform these practices significantly lower. Job exploration counseling was cited as the most important skill. In terms of preparation, working with employers was rated the lowest. In terms of barriers to serving youth, time and case management were cited most frequently. Implications for caseload specialization and preparation of VR counselors are discussed.

**Conclusion:** The results of the study have implications for preparing VR counselors to comply with the WIOA mandates regarding transition services for students and youth with disabilities.

Among the most critical and overlooked approaches to improving vocational rehabilitation (VR) outcomes for students and youth with disabilities is improving the skills and strategies of the VR counselors delivering services (Mazzotti & Plotner, 2016; National Council on Disability [NCD], 2008; Plotner, Trach, & Strauser, 2012). VR counselors can perform a critical role in delivering high quality transition services to youth with disabilities both during and after their exit from secondary school (Honeycutt, Thompkins, Bardos,

& Stern, 2015; NCD, 2008). Although a few studies have explored the transition-related skills and competencies of general and specialized VR counselors (e.g., Kierpiec, 2012; Plotner, Trach, Oertle, & Fleming, 2014), they were conducted prior to the enactment of the Workforce Innovation and Opportunity Act of 2014 (WIOA), P.L. 113–128.

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This law significantly shifted the emphasis of VR services toward serving students and youth with disabilities (U.S. Department of Education [U.S. DOE], 2016). Moreover, WIOA mandated specific youth-related services, described as pre-employment transition services (pre-ETS), in which state VR agencies (SVRAs) reserve 15% of their federal funding allocation for pre-ETS to students with disabilities who are eligible or potentially eligible for VR services. The five required pre-ETS activities include: (a) job exploration counseling; (b) work based learning experiences; (c) workplace readiness training to develop social skills; (d) counseling for comprehensive transition programs and post-secondary opportunities; and (e) self-advocacy instruction (U.S. DOE, 2016).

In addition, WIOA focuses on collaborative activities by strengthening the mandates for SVRAs to collaborate with state and local entities, such as American Job Centers (AJCs), and state and local educational agencies (LEAs), and other human services programs to create a “seamless custom-focused service delivery network” (U.S. DOE, 2016, p. 555630). Based on our literature review, very little research exists to determine the extent to which VR counselors are prepared to achieve the required and coordinated pre-ETS activities described in the Act. The purpose of this study is to explore VR counselor readiness to provide transition-related practices to students and youth with disabilities.

National and state studies on post-closure outcomes for students with disabilities served by SVRAs have identified a number of trends and challenges. For example, Honeycutt, Thompkins, Bardos, and Stern, (2015) and Honeycutt, Bardos, and McLeod (2015) conducted longitudinal analyses of VR services and outcomes for youth with disabilities using multiple years of data from the RSA-911 Case Service Report. They found considerable variability across states both in terms of VR services provided and VR closure outcomes. In addition, state-by-state successful VR closure rates for this population (defined as the number of youth ages 16–24 who exited VR with employment divided by the number of youth who received services) ranged from 40% to 70%, with a national average successful closure rate of 56%. Other studies of how well students and

youth with disabilities fared in VR services have found similar outcomes (e.g., Gonzalez, Rosenthal, & Kim, 2011; Migliore et al., 2014). In a recent state study, Poppen, Lindstrom, Unruh, Khurana, and Bullis (2017) reported that those youth who participated in a collaborative transition program, earned a high school completion certificate, and received a greater number of transition services were more likely to have more positive VR case closures. Another state study found that students participating in a collaborative and work focused model program achieved higher positive VR case closures than a comparison group of students (Luecking, Fabian, Contreary, Honeycutt, & Luecking, 2017).

As the emphasis on transition services has intensified in policy development, a significant body of research has illuminated factors that contribute to successful transition to employment for students and youth with disabilities. In particular, there is substantial evidence that work experience and paid integrated employment during secondary school years predicts successful post-school employment (Carter, Austin, & Trainor, 2012; Haber et al., 2016; Mazzotti et al., 2016; Test et al., 2009; Wehman et al., 2015). That is, when students have work experiences and jobs during their secondary school years, adult employment is more likely. In order to facilitate work experiences and employment for these youth, collaboration among professionals and programs, including VR, is often necessary for students who may be involved in multiple service systems (Carter, Austin, & Trainor, 2011; Certo, Pumpian, Fisher, Storey, & Smalley, 1997; Luecking & Luecking, 2015). Although researchers have identified these and other evidence-based practices (EPB) for transition service delivery, especially for students with disabilities in secondary special education, the training received by professionals is often limited (Mazzotti & Plotner, 2016).

In order to bridge this research-to-practice gap, it will be necessary to continually identify the specific competencies professionals, including VR counselors, need to effectively serve students in the transition process, and then incorporate that information into pre- and in-service professional development. A clear intent of WIOA is to focus VR service provision on transitioning students and

youth, creating an imperative for a shift in the preparation, deployment and administrative support and direction for counselors charged with serving this population.

This study examined the perceptions of a targeted sample of VR counselors who served students and youth with disabilities in a national sample of state vocational rehabilitation agencies (SVRAs) regarding their perceived importance of transition-related practices, and their preparation to perform them. Such information might suggest directions and emphases for the preparation of contemporary VR counselors managing caseloads for youth in transition. The study was guided by three research questions:

RQ1: What do vocational rehabilitation (VR) counselors employed in high performing SVRAs identify as the most important skills and transition practices for achieving success among students and youth and how prepared are they to perform practices?

RQ2: Are there differences between these VR counselors' perceptions of the importance of transition-related practices and the perception of their preparation to perform them?

RQ3: What do VR counselors employed in high performing SVRAs identify as the major barriers to implementing effective transition practices?

## METHODS

### State Vocational Rehabilitation Agency Selection

With the cooperation of the Director of the Council of State Administrators of Vocational Rehabilitation (CSAVR), we invited the state directors of 15 VR agencies to participate in the study. The SVRAs were selected on the basis of their successful VR closure outcomes using RSA-911 Case Service Report data for federal fiscal years 2005 to 2011 and included all 51 general and combined SVRAs (Honeycutt, Thompkins, et al., 2015). These researchers analyzed longitudinal VR outcome data for youth ages 16 to 24 who

applied for VR services from 2005 to 2006, and followed their outcomes to 2011. The 15 agencies selected for this study were in the top quartile of SVRAs using the ratio of number of successful closure/number who received VR services (i.e., *high performing*), ranging from a 62% to a 70% successful VR closure outcome. The geographic distribution included the following configuration of states: three Mid-Atlantic, four Western; four Midwestern; two Southern, one Great Plains & one North East.

### Instrument

We developed a 35-item web-based survey, the *VR Transition Practices Scales*, to solicit input from selected SVRAs and their counselors regarding their perceptions of importance and preparedness to perform various transition-related practices. The first three items asked VR counselors to: select their state from a drop down list, enter the percentage of students and youth with disabilities on their caseload, and the number of years they provided transition-related services to students with disabilities. If a VR counselor didn't serve students or youth with disabilities, they were directed to end the survey after the second question.

In developing our survey items, we first reviewed two scales used previously to assess the perceived importance of transition-related practices and the preparation of VR counselors. Kierpiec (2012) *Transition Knowledge Validation Assessment* included 24 transition practice items from a preexisting scale assessing general VR counselors' knowledge and skills (Leahy, Muenzen, Saunders, & Strauser, 2009). While several items were relevant to our study (e.g., offer a continuum of work-based learning experiences), most were outside the domain of interest for VR counselors (e.g., provide classroom resources for teachers relevant to the world of work). Although we did not directly use any of the items from this scale, we did adopt the item scaling method described below.

Next, we reviewed the 59 items on Plotner et al. (2012) *Vocational Rehabilitation Transition Activities Inventory* (VR-TAI). Their items were based on a

review of transition-related research, however, most included best or evidenced-based practices identified in secondary transition services for students and youth with disabilities (e.g., Test et al., 2009). We used the following criteria to eliminate 34 items from the Plotner et al. survey: (a) too vague (e.g., facilitating social relationships); (b) no longer aligned with policy as mandated in WIOA; or (c) not central to the role of the VR counselor in providing transition services to students (e.g., developing career-based curriculum). Of the remaining 25 items, we eliminated seven that appeared to tap duplicate content, merged items that addressed common elements, and updated wording to reflect the mandates in WIOA. For example, instead of *work-study programs*, we substituted *work-based learning experiences*. We added one additional item to our survey, providing pre-ETS transition services with local education agencies, for a total of 19 rating items. The authors then reviewed current research on effective VR transition-related practices (e.g., Fabian et al., 2016; Haber et al., 2016; Hemmeter, Donovan, Cobb, & Asbury, 2015; Mazzotti & Plotner, 2016) and modified the items again for wording to be consistent with contemporary policy and practice.

In constructing the *VR Transition Practices Scale*, we relied on the method used by Plotner et al. (2012) and Kierpiec (2012), which asked respondents to rate each transition-related practice based on their perception of its *importance* and their *preparation* to perform it by wording the stem: “How important is this practice to you” and “How Prepared are you to perform it.” Respondents rated each on a four point Likert scale from 1 (“Not at all”) to 4 (“Extremely”).

Once our scale items were complete, three national experts in the transition field reviewed the scale to provide feedback on the relevance of the items and to make modifications in wording. Based on these suggestions, our final version of the *VR Transition Practices Scales* included 19 items plus one additional open-ended response question soliciting input on what transition-related practices participants found most effective in their work in their work with youth. The reliability of the 19-item scale using Cronbach’s  $\alpha$  was .93. The open-ended responses are not reported in this article.

In addition to the 19-item scale and open-ended question, we asked respondents to identify the major barrier they encountered from a drop down list of 12 barriers (e.g., collaboration, local employment options) to effectively serving students and youth on their caseload. The final survey items asked participants to identify their role (e.g., “are you a certified VR counselor?”) and their preferred method of receiving updated training on transition practices (e.g., web-based modules, in-service).

## Participants

After approval was secured from the University Institutional Review Board, 13 of the 15 (87%) SVRA directors agreed to participate in our study by distributing a letter with an online survey link to all VR counselors in their agencies with one follow-up reminder email invitation. For the 13 states, the total number of reported VR counselors was 1690, not including supervisors or managers. We derived  $N = 1,690$  using 2015 Comprehensive System of Personnel Development (CSDP) data reported in the State Plan for the State Vocational Rehabilitation Services Program. We had 911 (including disqualified) survey responses; 538 were completed sufficiently for analyses. This yielded a sample of 538 complete survey responses from VR participants who served students and youth or a response rate of 32%.

There was uneven distribution of participants from the 13 states, which ranged from a high of 20% to a low of 4.5%. Participants included 65% female and 23% male. The majority (90%) had a master’s degree or better, with the majority of degrees in rehabilitation counseling (60.1%). About 45% of respondents were Certified Rehabilitation Counselors, and half had been employed as a VR counselor for at least five years. In terms of caseload proportion, almost 70% indicated that students and youth comprised at least 25% of their caseload, with 16% having an entire caseload devoted to the population. The majority of respondents (58%) worked with youth in and out of school, with 19.3% working with students with disabilities and 22.5% working with out-of-school youth.

## Data Analysis

Means, percentages and standard deviations were computed for each item for each variable (Importance Scale and Preparation Scale). Paired sample *t*-tests are used to determine if the two scales significantly differed from zero. The 95% confidence interval was calculated for each comparison, which included an examination of the degree of variability. If the interval did not include zero, the results were considered significant. Multivariate analysis of variance (MANOVA) was conducted to explore the effect of caseload specialization on the dependent variables.

## RESULTS

RQ1: What do VR counselors employed in high performing SVRAs identify as the most important skills and practices for achieving success among transition-age youth and how prepared are they to perform them?

Means (with standard deviations in parentheses) for each scale item are depicted in Table 1. As the data indicate, each of the transition-related practice items was rated at least “moderately important” (3.0 out of a 4-point scale). The item “job exploration counseling” defined as exploring the world of work and matching skills to job demands was rated the highest ( $\mu = 3.8$ ) and “collaborating with LEAs on evaluating post-school outcomes” was rated the lowest ( $\mu = 3.06$ ). This yielded a .74 $\mu$  difference

**TABLE 1. Means and Standard Deviations for VR Transition Practices Scale**

Item	Importance		Preparation	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
<b>*Job exploration counseling</b>	3.80	.46	3.40	.63
Secure workplace learning experiences	3.70	.57	2.90	.86
<b>*Partner with adult agencies</b>	3.69	.54	3.38	.71
<b>*Conduct career assessments</b>	3.68	.55	3.29	.67
<b>Secure workplace readiness training</b>	3.67	.58	3.04	.80
<b>*Collaborate and arrange pre-ETS with LEA</b>	3.67	.61	3.19	.80
Engage youth in VR prior to school exit	3.66	.57	3.48	.68
Promote family engagement in transition	3.65	.56	3.35	.69
<b>*Counsel on post-secondary education opportunities</b>	3.60	.58	3.43	.68
Provide benefits counseling	3.55	.68	3.19	.86
<b>*Secure paid employment</b>	3.55	.65	2.92	.86
Develop IPE prior to school exit	3.52	.72	3.52	.72
Coordinate with AJC	3.49	.68	2.84	.90
Participate on local interagency transition teams	3.49	.66	3.21	.80
<b>Arrange for self-advocacy training</b>	3.45	.69	2.88	.83
<b>*Attend IEP meetings</b>	3.40	.75	3.40	.79
Attend person-centered meetings	3.36	.73	3.07	.84
Involve employers in transition process	3.32	.78	2.50	.92
Collaborate with LEAs on post-school outcome indicators	3.06	.82	2.71	.95

*Note.* \* $p < .01$  for preparedness means by caseload proportion. Bold text denotes pre-ETS activities.

ETS = employment transition services; LEA = local educational agencies; IPE = individual plan for employment; AJC = American Job Centers; IEP = individual education program.

between highest and lowest ratings on the Importance subscale.

In general, ratings for the Preparation subscale (perception of being prepared to perform the practice) were lower, with a range of mean scores from 3.52 for “develop the individual plan for employment (IPE) prior to school exit” to 2.50 for “involving employers in the transition process.” This was a 1.02  $\mu$  difference between the highest and lowest items, indicating more variation in ratings for the Preparation subscale compared to Importance scale. We also explored differences in the preparation items by caseload proportion of students and youth with disabilities using the four categories of proportionate caseload allocation indicated in the survey item: (a) <25% ( $n = 158$ ); (b) 25%–50% ( $n = 171$ ); (c) >50% ( $n = 121$ ); and (d) entire caseload ( $n = 88$ ). We used multivariate analyses of variance to analyze significant difference by caseload proportion with

the 19 items identified in Table 1 as the dependent variable. The resulting statistic was significant [ $F(19,518) = 2.96, p < .000; \eta^2 = .902$ ]. That is, the higher the mean rating on the Preparation subscale the higher the caseload proportion of student and youth. Table 1 designates the seven items that significantly differentiated counselors with high proportion of students and youth caseload to those with low proportion from the multivariate analyses.

RQ 2: Are there differences between these VR counselors’ perceptions of the importance of transition-related practices and the perception of their preparation to perform them and to what extent do caseload factors affect these perceptions?

A paired sample  $t$ -test was used to determine if the Importance and Preparation subscale means differed significantly from each other. The results of the  $t$ -tests are shown in Table 2 with a significant mean difference between ratings of Impor-

**TABLE 2. Paired Sample  $t$ -Test for Importance and Preparation**

Description of Paired Comparison Items	$M$	$SD$	95% CI	$t$	$df$	$p$
Involve employers in transition process	.82	.98	[.73, .91]	18.1	481	.000
Secure work-based learning experiences	.75	.86	[.67, .82]	20.0	528	.000
Coordinate with workforce centers	.65	.92	[.57, .73]	16.2	529	.000
Secure paid employment	.63	.88	[.55, .70]	16.2	525	.000
Secure workplace readiness training	.63	.85	[.55, .70]	16.9	527	.000
Arrange for self-advocacy training	.58	.85	[.50, .65]	15.5	523	.000
Collaborate with LEAs on pre-ETS	.48	.76	[.41, .54]	14.5	530	.000
Secure job exploration counseling	.41	.63	[.35, .46]	14.8	529	.000
Conduct/secure career assessments	.39	.70	[.33, .45]	12.8	533	.000
Provide benefits counseling	.36	.81	[.29, .43]	10.3	533	.000
Collaborate with LEAs on post-school outcome	.34	.84	[.27, .41]	9.2	520	.000
Partner with adult service agencies	.30	.75	[.24, .37]	9.4	529	.000
Promote family engagement in VR	.30	.76	[.23, .36]	9.0	527	.000
Attend person-centered planning meetings	.29	.79	[.23, .36]	8.4	526	.000
Participate on local inter-agency teams	.28	.78	[.22, .35]	8.4	532	.000
Engage youth in VR prior to school exit	.18	.66	[.12, .24]	6.0	483	.000
Counsel on PSE opportunities	.17	.70	[.11, .22]	5.5	532	.000
Attend IEP meetings when invited	.01	.70	[.02, .22]	.176	535	.861
Develop IEP prior to school exit	.01	.73	[.01, .02]	.176	535	.904

Note. CI = confidence interval; “df” = degrees of freedom; LEA = local educational agencies; ETS = employment transition services; VR = vocational rehabilitation; IEP = individual education program, PSE = postsecondary experiences.

**TABLE 3. Barriers by Caseload Proportion**

Barrier	n (%)	Case Proportion of Youth (Percent)			
		<25%	25%–50%	>50%	100%
Time and case Management	110 (20.4)	24 (21.8)	40 (36.4)	27 (24.5)	19 (17.3)
Access to transportation	84 (15.6)	23 (27.4)	23 (27.4)	17 (20.2)	21 (25.0)
Lack area employment options	58 (10.8)	15 (25.9)	21 (36.2)	9 (15.5)	13 (22.4)
Difficulty in engaging families	55 (10.2)	18 (32.7)	19 (34.5)	9 (16.4)	9 (16.4)
Difficulty in engaging youth	44 (8.2)	20 (45.5)	8 (18.2)	12 (27.3)	4 (9.1)
Insufficient agency resources	38 (7.1)	11 (28.9)	10 (26.4)	10 (26.4)	7 (18.4)
Inadequate transition LEA	29 (5.4)	6 (20.7)	10 (34.5)	10 (34.5)	3 (10.3)
Lack of transition program	20 (3.7)	4 (20.0)	7 (35.0)	4 (20.0)	5 (25.0)
My need for more training	18 (3.3)	9 (50.0)	8 (44.4)	0	1 (5.6)
Lack collaboration with LEA	17 (3.2)	8 (47.1)	7 (41.2)	2 (11.8)	0
Severity of youth's disability	10 (1.9)	7 (70)	3 (30)	0	0
Total	483 (100%)	145 (30%)	156 (32%)	100 (23%)	82 (16%)

Note. LEA = local educational agency.

tance and Preparation for all but two of the items. These were, “participating in the development of the individual education Program (IEP)” and “developing the IPE prior to school exit.” Examination of mean differences between the two scales indicated the largest were for involving employers in the transition process (.82), securing/offering work-based learning experiences (.75), and collaborating with workforce development centers (also known as American Job Centers) (.63). These differences suggest that VR counselors rate the *Importance* of transition items highly, but rate their *Preparation* or capacity to perform these practices significantly lower.

RQ 3: What do VR counselors in high performing SVRAs identify as the major barrier to implementing effective transition practices?

Table 3 presents a list of 12 barriers to serving students and youth with disabilities. It is important to note that only 483 or about 10% fewer respondents to the survey answered this question. The most frequently cited barrier was lack of time and case management challenges (20.4%), followed by lack of access to transportation for consumers (15.6%), and lack of employment options in the geographical area (11%). Overall, few respondents (2%) identified the severity

of the youth's disability as a primary barrier, and only 3.3% identified inadequate access to training or professional development activities. The effect of caseload specialization (proportion of transitioning youth to caseload size) on barriers was then analyzed using the four categories described in the prior analyses. Overall the  $\chi^2$  was significant ( $\chi^2[33, N = 483] = 6.4, p < .001$ ).

Of the 12 barriers, the largest percentage differences distinguishing caseloads of less than 25% and caseload specialization (100%) were in the following four areas: severity of the youth's disability (70 percentage points difference); lack of collaboration with LEAs or adult service providers (47 percentage points difference); need for additional training (46 percentage points difference); and difficulty in engaging youth in VR services (25 percentage difference).

## DISCUSSION

Students and youth with disabilities accounted for almost one-third of overall VR caseloads nationally, during the time frame of the study (Honeycutt, Thompkins, et al., 2015) we used to identify *high performing* SVRAs. Given the increased emphasis

on youth and students with disabilities embodied in WIOA, we anticipate an increased proportion of this target population comprising SVRA caseloads; thus increasing the need to assess VR counselor readiness to effectively serve them. This study, with its target sample encompassing those SVRAs exhibiting a relatively “high” proportion of successful VR case closures, can serve as a benchmark for assessing the extent to which VR counselors endorse the importance of transition-related practices, their readiness to perform them, and the barriers they encounter. Moreover, the field has not yet identified whether VR counselors are prepared to implement the new transition-related mandates of WIOA and this exploratory study can set the stage for identifying those. In developing the *VR Transition Practices Scale*, we relied on the best or evidenced-based practices relevant to VR counselors or mandated in WIOA under pre-ETS. This significantly differs from earlier studies of transition practices for VR counselors (Mazzotti & Plotner, 2016; Plotner et al., 2012; Plotner et al., 2014).

Interestingly, and similar to the findings of Plotner et al. (2012), all items on the Importance subscale were rated as at least “moderately important” (3.0 on a 4-point scale) by this sample of 538 VR counselors as indicated in Table 1. WIOA authorizes vocational rehabilitation expenditures for five pre-ETS services, which can be offered to any VR eligible or potentially eligible student with a disability. Two of the five pre-ETS services, Job Exploration Counseling and Work-based Learning Experiences were the top two rated in importance by this sample. The other three pre-ETS services: Workplace readiness training, Counseling for post-secondary opportunities, and Self-advocacy instruction were rated 5th, 9th, and 15th, respectively, although the mean scores for all five of these were at least 3.4.

However, other transition-related VR mandates included in WIOA, such as collaborating with LEAs, as well as partnering with AJCs and employers were generally rated lower on Importance subscale. For example, involving employers in the transition process had a mean rating of 3.3 (18th out of 19th) for importance, and collaborating with LEAs on IEPs ranked 16th with a mean rating of 3.4.

Counselors’ perceptions of their preparation to perform pre-employment transition services were generally rated lower than those on the Importance subscale, indicating a gap between what VR counselors endorsed as important to practice and how prepared they felt to implement it. Overall, six of the 19 items, or 32%, were rated at either moderate to little preparation by this sample of VR counselors from this sample of “high performing” agencies. For example, the mean ratings for preparation on two of the five mandated pre-employment services: securing work-based learning experiences and offering self-advocacy training were rated about 2.9 on a 4-point scale, indicating less than moderate preparation, although counselors generally endorsed the importance of these practices. Perhaps more surprising was the mean rating of 2.5 for their perception of preparation to involve employers in the transition process. Although this item is not one of the five pre-employment transition services, the overall intent of WIOA is to improve long-term competitive employment outcomes for students and youth with disabilities (WIOA), which necessitates coordination with local businesses and employers. Indeed, one the five categories of pre-ETS, work-based learning experiences is robustly associated with positive employment outcomes and highly predictive of eventual adult employment for students with disabilities. Increasing the availability and provision of work-based learning experiences as a VR pre-ETS will logically require a high degree of employer collaboration. Since the Final Regulations for WIOA (U.S. DOE, 2016) were published after this survey was completed, it seems that VR counselors will need ready access to pre- or in-service training to better serve students and youth with disabilities. In addition, our findings support those of Honeycutt, Bardos, and McLeod (2015) that VR staff may need to improve their skills regarding development of state and local partnerships to improve post-school outcomes for transition-age youth.

Further, it appears that VR caseload specialization for students and youth with disabilities may play a role in counselor perceptions of preparation to perform various transition-related tasks. For example, 7 of the 19 items significantly differentiated counselors with lower as compared



to higher proportion of youth on their caseload, and all of the mean scores on the 19 preparation items were progressively related to case proportion (i.e., the higher the proportion, the higher the preparation mean). Not surprisingly, this finding is similar to Plotner et al. (2014) who identified similar differences on ratings of preparedness by VR counselors with a general caseload compared to those with a specialized caseload. Honeycutt, Bardos, and McLeod (2015) in their national study of state differences in youth transition outcomes concluded that agencies with specialized transition counselors had higher proportions of youth who closed VR services with an employment outcome. Moreover, the perception of barriers to transition addressed in this study support caseload specialization. Counselors with entire youth caseloads were less likely to cite traditionally identified barriers to effective transition such as engaging youth and families in VR services, collaborating with LEAs, and identifying disability as a primary barrier to service.

Participant responses to the question regarding perception of most significant barrier to achieving better transition outcomes yielded few surprising results, with VR counselors primarily identifying structural or nonmalleable type barriers most frequently (e.g., case management size, lack of transportation in the area and lack of employment options in the local area). It was interesting that few respondents identified access to local transition program resources as major challenges, such as having school-based or community-based transition or employment-support programs, despite previous findings that they appear to be associated with better transition outcomes for youth in VR (Honeycutt, Bardos, & McLeod, 2015; Poppen et al., 2017). Although pre-employment transition services do not individually constitute a comprehensive transition program, they are designed to address the gap in transition program resources for students with disabilities who could benefit from them. A national study of outcomes for students and youth with disabilities a year or two out from WIOA implementation would add to the literature base.

## LIMITATIONS

There are several limitations to our study that bear mentioning. First, our response rate is an estimate since we do not know the total number of VR counselors in the 13 SVRAs with youth on their caseload. Thus, although we made careful efforts to recruit respondents across multiple *high performing* states and achieved a large sample size, we cannot be certain to what degree the respondents represent the universe of VR counselors in their state. Consequently, we cannot be certain that their responses are representative of perceptions about serving students and youth by all, or even most, counselors. Moreover, the SVRAs we selected as *high performing* on one ratio measure, that is number of youth who received VR services to those who exited with an employment outcome, is a relatively crude metric, and does not account for factors such as state unemployment ratios, available state resources, and state Order of Selection (OOS) that may influence successful closure outcomes.

Second, it may be that the counselors responding to the survey included those most motivated to perform. That is, they may be the counselors who have a strong inclination to help students and youth on their caseloads achieve positive employment outcomes. In this respect the sample may be biased toward the highest performers. In any case, this study intended to uncover perceptions of VR counselors in states where positive outcomes have been shown to be higher than the national median at the time of the study. Recruitment was targeted toward VR counselors who could fairly represent perceptions about the importance of activities and their preparation in executing them. Thus, despite the issues related to the overall representation of the sample, there are important conclusions that can be drawn about the professional development of VR counselors and students and youth with disabilities. Related to sample representation is the missing data in response to research question #3, which solicited a response related to perceived barriers to serving this population. Only 483 (of the total 538 sample pool) or about 10% fewer VR counselors addressed this item. Although we

have no way of explaining slightly lower response rate for this item, we remain fairly confident in the result since 90% of the sample did answer the question.

Finally, our survey items did not tap into all possible transition practices. Although the survey was vetted by experienced professionals and was derived in part from previous surveys with similar intent (i.e., Plotner et al., 2012), we cannot definitively say that the items represented all relevant transition practices, such as all of those identified in research syntheses of effective practices (Haber et al., 2016; Test et al., 2009), or those practices specifically related to VR services reflected in the WIOA regulations. A follow-up study analyzing open-ended responses to effective VR practices may shed some light on this issue.

## IMPLICATIONS

This study suggests several areas of importance to how VR counselors are prepared for and supported to do their jobs. One implication worthy of attention is the discrepancy between what VR counselors think is most important and what they are prepared to do, particularly those practices and skills related to pre-ETS in WIOA. Two of the five services were rated below three on a 4-point scale (moderate to little preparation) by this sample of state VR counselors, even though counselors generally endorsed them as important. This suggests the potential to emphasize these pre-ETS over others. Further, gaps between what counselors consider important and how prepared they are to perform them suggest the need for ongoing professional development and training, a need that is currently being resourced by a number of federally funded technical assistance centers in transition, such as the Workforce Innovation Technical Assistance Center (WINTAC) ([www.wintac.org](http://www.wintac.org)). The majority (77%) of the VR counselors in this sample indicated they were willing to participate in additional training, with 52% citing in-house professional development programs as the most desirable approach.

A second implication for policy and practice is the relationship between caseload proportion devoted to students and youth with disabilities and perceptions of preparedness to perform transition-related practices. As SVRAs implement their pre-ETS options for students with disabilities, the issue of caseload specialization, that is specific VR counselors dedicated to pre-ETS delivery and monitoring, may shift practices. In the future, additional research needs to be conducted relating caseload specialization to transitioning youths' post-school outcomes in vocational rehabilitation to assist in executing new VR agency policies. Specialization may also address the barriers related to time and case management challenges identified by this sample.

Finally, this study highlights the need for improving VR counselors' capacity regarding employment-related services. For example, three of the items on the *VR Transition Practices* directly related to improving employment: securing paid employment, involving employers in transition services, and coordinating with AJCs. All were rated by this sample as less than "moderately prepared." As the goal of VR is for all eligible individuals to achieve competitive integrated employment, these indicators demand significant capacity building in terms of professional preparation and ongoing training. Because paid employment during secondary school is one of the most robust predictors of post-school outcomes (Carter et al., 2011; Haber et al., 2016; Test et al., 2009; Wehman et al., 2015), we need to understand more specifically the perceived challenges VR counselors encounter in achieving it.

## CONCLUSION

This study adds to a growing body of literature on the importance of transition-related skills and the preparation of VR counselors to serve students and youth with disabilities. While written interagency agreements between special education, career and technology education, and VR have existed since the 1970s (Phelps, 1981; Wehman & Moon, 1988), the WIOA steps up the need for collaboration,

spending federal funds for students and youth with disabilities by offering pre-employment services and other transition services in partnership with LEAs and community agencies. In fact, the WIOA “seeks to empower youth with disabilities to maximize employment economic self-sufficiency, independence and inclusion in and integration into society” (U.S. DOE, p. 55630). This shift requires a change for preparing and retraining VR counselors and rethinking caseload specialization.

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