

Rehabilitation

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The Journal of Rehabilitation (ISSN 0022-4154) is the official publication of the National Rehabilitation Association. Opinions expressed in the Journal are those of the writer and not the policy of the National Rehabilitation Association.

NRA is a non-profit organization dedicated to improving the quality of life for people with disabilities.

Published quarterly (January, April, July, October). Copyright 2011. Reproduction without permission of NRA is prohibited. Printed in U.S. Periodical postage paid at Alexandria, Virginia and additional mailing offices.

Notice of change of address should be sent along with the old mailing label to NRA at least eight weeks prior to moving.

Subscription price for members is \$15.00 per year and is taken from annual dues. The price for non-members is \$115 per year in the U.S., \$125 in Canada and \$155 for all other countries. Single issue copies are \$35 each for domestic, \$45 each in Canada and \$55 for all other countries. The cost includes postage. Not all back issues are available.

POSTMASTER: Send all address changes to the Journal of Rehabilitation, 633 South Washington Street, Alexandria, Virginia 22314-4109. Publication No. 867220.

You may visit our web site at:

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EDITORS' COMMENTS

Dear Colleagues,

We are happy to have an editorial in this issue of the Journal. The very well thought out comments in “How do we lead when change is constant?” by McFarlane, Schroeder, Enriquez and Dew will hopefully stimulate others to consider commenting on problems and issues in the field of rehabilitation. Change in the field seems to be one of the few constants. Paul A. began in the field as a rehabilitation counselor in 1963. Interestingly, he does not remember a time when a crisis of some sort was not part of the landscape. It seems that we are constantly having to deal with serious threats to the effectiveness and viability of both programs and professions in the field. McFarlane, Schroeder, Enriquez and Dew offer some thoughts on principles that should guide policy and management decisions in this environment.

We hope these comments will stimulate others to think about issues important to the field and consider contributing as well. We believe the field of rehabilitation needs thoughtful people to consider issues and problems with a new perspective. Part of the difficulty appears to be a reluctance to confront and resolve old conflicts and issues that have been a part of the landscape of the field since at least 1963. Should rehabilitation counselors be counselors or providers of needed services to people with disabilities? Was this issue finally resolved when CORE decided not to merge with CACREP? Should the primary focus of public rehabilitation programs continue to be employment or should it shift toward simply meeting the needs of people with disabilities even when employment is not likely. Medical management is a rapidly developing field. If employment continues to be a focus, should employers concerns/issues with the risks of employing a person with a disability receive greater attention when policies are being formulated? And perhaps most importantly, how do we excite people to support a program/effort that we know in our hearts helps society to be a better place for all of us?

We would like to hear from others with ideas similar to (or different from) those in this editorial. We believe a public discourse would be helpful in stimulating “out of the box” thinking on many issues. It seems that we have been up to our “knees” in alligators since the field began. Perhaps it is time to at least think about a plan to drain the swamp.

Paul & Paul

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How Do We Lead When Change is Constant?

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We are in a period of significant change in our organizations and our communities. The public program of rehabilitation is at a significant crossroads. The need for focused leadership is critical and challenging for all. As we examine our current environment and look to the future, we must develop specific approaches and strategies that will enable the program to grow and be sustainable. Most importantly, we must keep the focus on the consumers we serve and the staff and stakeholders who are integral to our continued viability.

The time of change is with us in all aspects of our lives. Substantive changes emerged after the economic collapse of 2007 (e.g., decreased economic resources, consumers who are hesitant about financial decisions, increased public scrutiny of financial decisions, unemployment at its highest point during the past 40 years, loss of personal income and savings; and reduced trust of corporate and government leaders) and those changes have continued through today. There has been an infusion of Federal funds (e.g., American Recovery and Reinvestment Act monies) for short-term stimulus but with limited long-term continuation. Most States are struggling with significant deficits in their budgets and the Federal government is incurring significant deficits resulting in funding reductions across most programs.

These stresses and changes have permeated virtually every fiber of our society including organizations and employees across all sectors of the workforce. The changes affect all employees – from the newest hire to the most senior staff person, and from the person at the front desk to the seasoned executive. For many of these changes, we have very limited knowledge about the causes of and the responses to the changes, the strategies needed to negotiate a response and, in many instances, lack historical experiences on which to base our decisions. Cameron (2010) stated, “because the downturn is unprecedented, few guidelines exist for leaders about how to effectively respond to the unparalleled challenges” (p. 45). Organizational changes are occurring beyond our spheres of influence and without apparent logic or patterns of thoughtful decisions. If an organizational response to change is successful (a positive outcome), we believe it was “lucky” or a “stroke of genius” by the leaders. When the response to change is ineffective or results in unintended consequences, we often believe it was “unlucky” or

“poor timing” by the leaders. The question that frequently emerges is “what could we do differently?”

Complicating our ability to respond successfully to changing workforce conditions as they are occurring is the rapid speed and the depth of the change in the organizational systems and personnel expectations (Heath & Heath, 2010; Showkeir & Showkeir, 2008). As an example, the State of California had to close a \$26 billion deficit in the 2009-10 fiscal year. The Legislature and the Governor did not have an approved budget until late July 2009. As a result, immediate budget reductions had to occur retroactively after the beginning of the fiscal year (July 1, 2009). The same scenario emerged in the 2010-11 fiscal year and occurred in planning for 2011-12. To further exacerbate the financial situation, many institutions and organizations had to make substantive cuts (i.e., furlough days for state employees, layoff notices for employees, canceled personnel searches, elimination of professional development and immediate reductions in all expenditures) and at the same time increase fees for services such as public education, parks and recreation areas, and libraries.

Hood (2011) describes the current budget imbalances that many states are facing as a nightmare for governors and legislators that “will therefore not end when the effects of the recession do” (p. 49). Many states that in the past were able to rely on the Federal assistance and bailouts to get them through a fiscal crisis now find themselves having limited options for raising revenue. The inability of formal leaders to make timely and strategic decisions often increases the negative consequences of these decisions and changes. Heifetz, Grashow, and Linsky (2009) stated:

The danger in the current economic situation is that people in positions of authority will hunker down. They will try to solve the problem with short-term fixes: tightened controls, across-the-board cuts, restructuring plans. They’ll default to what they know how to do in order to reduce frustrations and quell their own and others’ fears. (p. 64)

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There are numerous situations similar to the ones cited above that are occurring daily in government and nongovernment organizations and in many communities, states, reservations, and territories throughout the country. For purposes of illustration and to remain consistent with the focus on the NRLI, our area of examination is agencies and organizations that are linked to the public program of rehabilitation. Many state rehabilitation agencies are exercising the option of employee furloughs and/or “golden handshakes” (i.e., reductions in work days and pay impacting base pay rates and various benefits, and early retirement options for senior personnel). Nonprofit rehabilitation agencies are instituting furloughs or using the layoff process to reduce personnel costs. In some instances, these agencies are closing their doors, resulting in reduced community options and service providers available to persons with disabilities. Virtually all organizations are trimming expenditures in areas such as marketing, training, technology, professional development, travel, equipment and comparable categories. In each sector, the human resource loss of expertise, institutional knowledge, and current work force capabilities are adversely impacting productivity. With the reduction in the work force (either through furloughs, pay reductions, retirements, and/or employee terminations), there is a concomitant reduction in organizational capacity, increased employee stress, and a loss of expertise and institutional memory (Charan, 2008; Heath & Heath, 2010).

Now is the time when our rehabilitation organizations need bold leaders who are able to shape and implement a courageous vision for the future and make decisions, with full collaboration from colleagues, employees, and community constituencies. The changes in our environment are substantive. We will not return to “business as usual” in the foreseeable future – if ever. Using past practices is not sufficient to address the future challenges and opportunities. The vision of today’s leaders must look to the future and ensure a solid infrastructure and strong cadre of qualified personnel who will ensure life and vitality to the vision.

The Leadership Questions in this Time of Change

The questions that emerge as we experience these substantive changes and challenges focus on how we must lead. How do we make decisions that are thoughtful and mitigate adverse consequences for the persons we serve? How do we make logical and thoughtful decisions when the choices are often the “lesser of two or more evils”? How do we engage all individuals in the organization in the decision making process and ensure that all voices are heard, listened to, and considered in the change processes? How do we engender and sustain trust among organizational units and between and among the employees and our community constituencies? How do we remain true to our personal and organizational expectations while being responsible for the fiscal and legal realities of the economic conditions of today and the foreseeable future? Finally, how do we remain true to our personal and professional beliefs, values, and ethical principles and ensure that our employees and the people we serve (i.e., consumers, students, employers, and community partners) receive the highest quality services, collaboration, and outcomes?

From the perspective of leadership, individuals who are in formal positions of authority are being asked to make “large” and “small” decisions in a rapidly changing environment. These leaders are being asked to make immediate decisions and, in many instances, rely only on intuition, past experiences, and expediency. In some instances, the resulting impact is often confusion, inconsistency, and short-term positive solutions, with potentially negative long-term consequences. In most instances, the “driver for the decision” is financial exigency, with the outcome measured by either immediate cost savings (i.e., reduction in personnel, reductions in supports such as travel, technology, training, materials, and equipment, and/or restrictions in the number and characteristics of the consumers served) and/or immediate revenue increases (i.e., partnerships with other organizations, third party cooperative agreements, increased attention to Social Security reimbursements, etc.). Finally, many leaders make politically driven decisions, which are consistent with perceived political expectations but have limited immediate value and less than positive long-term impacts. The long-term ramifications (3 to 5 years and more) are seldom considered and the consequences in relationship to the organization’s vision, mission, beliefs, and values are given little consideration. Previous expectations for leaders to take time and be thoughtful and contemplative in their decision making process have been dramatically reduced and altered. However, we can learn from missteps of the past. This is illustrated by Edmondson (2011) who stated, “Exceptional organizations are those that go beyond detecting and analyzing failures and try to generate intelligent responses for the express purpose of learning and innovating” (p. 55).

Those born after 1945 (baby boomers and younger) have entered “uncharted waters” with regard to organizational, human resource, and financial changes and challenges. These are unprecedented times. The levels of unemployment, the significant and adverse fiscal challenges for government and the private sector, the loss of employment options, and the reduction of individuals’ net worth, have created substantive stress for individuals and families as well as for most organizations. These are not short-term changes, but substantive changes that will alter our future for many decades. These changes require us to re-examine our vision and mission for the future and adjust them accordingly.

This is the current reality and the anticipated “road map or GPS” for our future. The leadership question is: *How do we lead during these times of substantive changes with enormously challenging fiscal realities?* In essence, we have to make a choice – we can accept the changes, sit back and let the consequences occur, OR we can be assertive in our expected and desired outcomes, examine logical opportunities and potential pitfalls, and embrace and ensure changes that are consistent and supportive of the personal and organizational beliefs and values of the employees and the organization’s constituencies. The choice really is quite clear – one road leads to submission, retraction, and potential organizational disappearance, and the other leads to opportunities, risks, challenges, and at least potentially, achieving desired outcomes.

The Public Program of Rehabilitation and the Implications of Change

The public program of rehabilitation has been supported through Federal legislation for over 90 years. The public program of rehabilitation first commenced in 1920 and has been continuously supported by Congress and the various administrations during this time. While there have been various permutations, changes, and legislative and financial support, the core of this public program of rehabilitation has successfully transcended nine decades. The sustainability is predicated on the underlying beliefs and values of the enabling legislation. The focus of this legislation has been to enable individuals with disabilities to become independent through employment. The underlying beliefs and values support the uniqueness of the individual, the individualized nature of the services, the insistence on quality individualized services provided by qualified and competent personnel, and an outcome that emphasizes competitive employment and independence. These core beliefs and values have sustained the public rehabilitation program for these past nine decades.

Consistent with the societal changes described above, during the past decade there have been substantive legislative, fiscal, and leadership changes at the Federal and State levels that are reshaping the field of Vocational Rehabilitation. Although unemployment among adults with disabilities has remained at the 70% level, States, in their need to reduce budgets, have eroded state matching support for the public program of rehabilitation, which has exacerbated the fiscal demands on state operations. Many States are unable to spend their full Federal allocations because they are unable to provide the required matching funds. The result is a reduction in the number of persons with disabilities who can be served through their respective organizations. There have been significant changes in staffing patterns with reductions in personnel as a result of retirements, consolidations, and organizational downsizing. Consolidations of programs have resulted in some partnerships that emerged because of convenience and/or expedience rather than promising practices. The Federal partnership has shifted its focus to monitoring, compliance, and evaluation rather than program development. Development and retention of qualified personnel to provide rehabilitation services has been an elusive goal that is meeting significant challenges due to access to graduates, changing university programs, pay levels, and changing roles that often result in less consumer contact and more administrative tasks. Finally, with the downturn in the economy and the dramatic increase in unemployment for the general population, the core focus of the program – *competitive employment for persons with disabilities* – is increasingly challenging. The number of individuals seeking employment, regardless of their circumstances, impacts the number of employment options available for all citizens. The employers have many applicants for entry level positions. Therefore, there are increasing demands on persons with disabilities and rehabilitation personnel to ensure that their abilities are highlighted with each employer and that they “stand out” among all job applicants.

During the past 2 years, the public program received a significant infusion of funding from the American Recovery and Reinvestment Act of 2009. In excess of \$500 million dollars was added to the public program to increase employment opportunities for its

consumers. These funds end on September 30, 2011. Revisions in Social Security legislation related to the “Ticket to Work” have expanded resources and opportunities for recipients and service providers and created numerous employment networks. The development of the disability and employment programs in the Department of Labor added resources and options for persons with disabilities. The focus in Special Education to increase the priority on transition services for students with disabilities provides a natural articulation of services, programs, and employment from youth into adulthood.

In essence, the dynamics of change and the factors adversely and positively impacting the public program of rehabilitation are unprecedented in the legislation’s enduring history. In this context, how do the leaders of the public program of rehabilitation sustain a focused vision for the future that supports and strengthens the core values of the public rehabilitation program – employment and independence for individuals with disabilities? Beginning the dialogue to address this question is essential. Hearing the voices and the reflections of the leaders in the field is a logical point of departure and discussion. From these voices, we can and must shape our responses to the future.

Focus Group Results of a Leadership Seminar of Rehabilitation Administrators

In November 2010, the National Rehabilitation Leadership Institute (NRLI) sponsored a seminar for current and past graduates of the Executive Leadership Seminar Series. The intent of the seminar was to create a setting for practitioners and leaders to share their vision for the future. During the course of the 2 days, 30 participants discussed the public program of rehabilitation and examined and discussed the challenges, opportunities, and directions for the future. The following are the summary comments that emerged from the participants during the NRLI Leadership Seminar. The information was clustered into the following groupings:

- * *Consumers/Customers/Stakeholders of the public program*
- * *Expectations of the public program*
- * *Drivers of the public program*
- * *Challenges of the public program*
- * *Desired outcomes of the public program*
- * *Strategies for making changes in the public program*

The information emerged from the collective expertise of the participants and their creativity and candor during the Leadership Seminar. Table 1 includes the key items for the first grouping – Consumers/Customers/Stakeholders on the public program. As noted, the key consumers/ customers/stakeholders are consumers with disabilities, employers, agency staff and service providers working with community rehabilitation programs. The desired characteristics for these stakeholders are targets for current and future initiatives and will sharpen the focus and guide our organizations in determining our priorities, focusing our resources and achieving the desired employment outcomes.

Table 2 includes a summary of the expectations for the public rehabilitation program and the drivers that impact the program.

As noted in Table 2 there are significant steps that can be achieved in ensuring that the public program of rehabilitation remains vibrant and responsive in the next decade and beyond. It requires leaders to sharply focus their vision, mission and expectations and ensure these are articulated to all consumers/customers/shareholders (i.e., those individuals who are identified in Table 1).

Table 3 includes the challenges and the expected outcomes for the public program of rehabilitation. The challenges are both internal to the program and external with our consumers and the various groups that are able to influence the directions of the program. As a result of these challenges and the data discussed in Tables 1 and 2, the Seminar participants identified desired and expected outcomes of the public program of rehabilitation.

The challenges for the public rehabilitation program are significant. All can address these challenges and others that will emerge over time with concerted efforts. If we achieve the desired outcomes, we, as a profession and the public program of rehabilitation, will have effectively met the challenges and increased the vibrancy of the services for persons with disabilities, resulting in employment and independence.

To address these challenges and achieve the desired outcomes, the focus group responses in Table 4 address specific strategies that will facilitate the continued strengthening and responsiveness of the public rehabilitation program.

These strategies (Table 4) are applicable for individual rehabilitation organizations, our professional associations and the Federal agencies. While not exhaustive, these strategies provide the starting point for initiating change to strengthen the public program of rehabilitation. The key to using the information developed by these rehabilitation professionals, as articulated in Tables 1 through 4, requires a

focus on leadership behaviors of each individual in our organizations. The following discusses the operating leadership principles for rehabilitation personnel throughout our organizations. These principles are essential to achieve a disciplined focus on our opportunities, challenges and outcomes.

Operating Principles to Leading in These Times of Rapid Change

“With courage you will dare to take risks, have the strength to be compassionate and the wisdom to be humble. Courage is the foundation of integrity”

Keshavan Nair

We all need a foundation of *operating principles* to aid us in the decision making process. This is true at work and in our personal lives. Such principles are the guiding and enduring measures that enable us to inform our decision making processes and serve as the “litmus test” for our responses to the constant and evolving environment in our daily lives (Heath & Heath, 2010). In the pub-

Table 1		
Consumers/Customers/Stakeholders of the Public Program		
Consumer with a disability as a customer includes:	Employer as a customer and stakeholder includes:	Staff as customer and stakeholder ensuring they:
Recipients of SSI and SSDI benefits Transition aged youth with disabilities starting at early age (as young as 10) Veterans with disabilities who are entering/reentering the community Individuals with disabilities needing job retention support and employment mobility Older individuals with emerging disabling conditions Prisoners with identified disabling conditions	Strengthened interpersonal skills from staff and consumers Better preparation of computer literacy skills for all consumers Increasing consumer internships with employers Targeting the Federal hiring initiative for persons with disabilities Networking with employers through the use of a business model in all interactions	Are using strategies with consumers/employers that focus on their strengths Are given assignments that are meaningful Can demonstrate motivation, values, and passion Are equipped with the necessary technology
Note. Community Rehabilitation Programs are partners, customers and stakeholders.		

lic program of rehabilitation, the guiding tenets, beliefs, and values have remained strong and relatively consistent for decades. From the perspective of leadership decisions, the following five guiding principles serve as the basis for decision-making and leading our rehabilitation organizations during these difficult and demanding times. To effectively use each of these principles, the leader must be honest and forthright, and must actively demonstrate collective growth and responsiveness in satisfying the expectations of consumers, their organizations and employees, and the numerous stakeholders.

Principle 1: Core Beliefs and Values Are the Basis for Decisions

In our profession, our beliefs and values focus on quality employment and independent living outcomes through responsive and quality-based rehabilitation services. The beliefs and values are sustaining and must serve as the validation for all decisions. The rehabilitation organization and its leaders must strongly articulate a vision of expected behaviors and then use these behaviors as the guiding principles for decision-making in all levels of the organization. We know that if we violate this understanding and trust between the individual, the group, and the organizational beliefs and values, it will cause significant stress between the individual and the organization. A simple question to ask as decisions are being con-

Table 2

Expectations and Drivers of the Public Rehabilitation Program

<p>Expectations require that we:</p> <ul style="list-style-type: none"> Capitalize on the optimism of new and continuing staff and celebrate the uniqueness and diversity of each person Understand change is/will be a constant in our organizations and with each of us Define who we are, who we are going to be, and communicate effectively—we disempower ourselves when we don't speak with a common voice Increase transparency and “truth” in the service delivery systems and services Strengthen the efficiency by doing the “right stuff at the right time” Ensure all Vocational Rehabilitation staff are technology savvy Develop knowledge of specific consumer populations (e.g., persons with autism, veterans with disabilities, etc.) Ensure consumers are on the “best road to employment” Focus on expanded employment opportunities such as self-employment Communicate with consumers who will be/are using social networking sites for communications and networking with others, e.g., Facebook, Twitter, etc. Acknowledge that not all consumer successes lead directly to employment 	<p>Drivers of our organization require that we:</p> <ul style="list-style-type: none"> Individualize services while maintaining program integrity Understand that our consumer population is changing—it is more diverse, older and younger and acknowledge that “structural unemployment” is a constant Focus on employees’ needs, how to motivate them, and maintain a human touch Balance the use of technology with employee effectiveness and outcomes Achieve program growth by addressing human and financial resources and customer and consumer wants and needs Strengthen the importance of marketing to employers Know our consumers/customers, help them be engaged and make them happy Ensure the next generation of counselors are compassionate, caring, have heart, “unjaded,” interested in having fun, intellectually curious and nimble, tolerant, empowered to exercise good judgment, reflective of the community's culture and values, and believers in the mission, vision and values of the public program Show our consumers we believe in them and still push them past their comfort level Ensure our staff feel cared for and challenged—as morale increases so will the successes of the program Know our data and numbers and ensure the information helps drive our future
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Note. Community Rehabilitation Programs are partners, customers and stakeholders.

sidered is: *How will this impact the services and the outcomes for our consumers, staff and community collaborators – today and in the future?*

Principle 2: Focus on Your Consumers and Ensure That Their Immediate and Long-Term Needs Are Met

While fiscal exigency is unavoidable, there remains the corresponding need to assure that the consumer’s needs are met. Without responsiveness to these needs, we negate the enabling legislation and violate the public trust. To simply make decisions that remediate an urgent demand by a regulatory agency without considering the consequences to services and the consumers is an abdication of responsibility and leadership. The focus on the consumers must be supported throughout our rehabilitation organizations and communicated accordingly to the various constituencies.

Constancy and consistency focused on the consumer’s needs are truly key in the decision making process.

Principle 3: Ensure All Voices Are Heard and Considered

The engagement of all affected employees in the decision-making process can be laborious and time consuming, but the discussions are critical to ensure understanding and, necessarily, agreement. Frequently, organizations ask employees for their opinions and recommendations and then seemingly make decisions that negate or ignore the feedback. The feedback loop with employees is critical. Without the feedback and employee’s recognition and support, there is a natural tendency to “disengage” in the organization. The disengagement often leads to adverse consequences regarding consumer services. The rehabilitation system thrives on trust, collegiality, and collaboration among all constituencies. One of the cornerstones of the rehabilitation organization is that there is

Table 3

Challenges and Expected Outcomes of the Public Rehabilitation Program

<p>Challenges of the public rehabilitation program require that we:</p> <ul style="list-style-type: none"> Understand that funding will not increase in the foreseeable future Be vigilant on retaining the entitlement status of funding to the state agencies and organizations—formula funding for the public program is essential Refine and reduce the regulations, policies, and procedures at the Federal and State levels— there needs to less bureaucracy, less fear, and greater opportunities for staff to provide direct services Reduce organizational silos and not get stuck in our “process”—we have to “flatten the box and increase its flexibility” Must work within available resources and address the conflict between compliance and litigation (fear) and consumer services focus and advocacy Understand that data that we have at state and federal levels is often outdated and not easily understood by the general public—we may be gathering the wrong information Have a difficult time sustaining all of our partnerships—there are so many expectations, demands, and requirements that it spreads our time and energy—therefore, we must consider strategic partnerships and concentrate our energies 	<p>Desired outcomes of the public rehabilitation program require that we:</p> <ul style="list-style-type: none"> Support every person with a disability who wants to work, goes to work and will have an environment to support their employment outcome Ensure people have the courage to stand up and advocate and question policies, practices, and decisions Expand our partnerships and our total VR federal/state budgets Demonstrate the positive impact of transition services for youth with disabilities Increase the education of public officials (local, state, and federal levels) regarding the importance of and the benefits from the public program at all levels of our communities Answer the following questions regarding the public program: <ul style="list-style-type: none"> o Are we making a difference by reducing unemployment and underemployment? o When counselors come to the job they have passion, commitment, motivation, and get to do good and meaningful work leading to successful jobs/careers for consumers. Then, the system (compliance, invoices, computer input, etc.) begins to cut away at their passion. How do we maintain the passion and commitment? o What distinguishes VR from other workforce programs? o [Do] we give HOPE and not just process paper? o Who can do the best work with an individual at any given time within the framework of funding streams?
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Note. Community Rehabilitation Programs are partners, customers and stakeholders.

congruity from the stated principles of the organization through the delivery of services and the consumer outcomes. To meet the expectations of this cornerstone requires constant communication and the development and persistence of trust among and between all individuals.

Principle 4: Make Decisions That Will Sustain the Organization Beyond the Immediate Crisis

While we often rely on our past experiences to make decisions in the present and the future, we are in a new environment and have new and untested challenges and opportunities. As we examine our decisions, we have to view these in the context of what we think our

Table 4

Strategies for Making Changes in the Public Program of Rehabilitation

<p>Strengthen our staff through:</p> <p>Updating job descriptions and strength-based performance outcomes</p> <p>Rethinking training and make sure we address the unique learning styles and mediums (i.e., technology based) in the delivery</p> <p>Ensuring that we are “measuring and supporting the right behaviors” with counselors</p> <p>Ensuring we have a thoughtful plan to implement knowledge and skills through training—don’t just train for the purpose of training—make it “just in time”</p> <p>Recognizing the work of the staff consistently—not just at annual meetings</p> <p>Demonstrating “bottom up management— find out from staff what they need</p>	<p>Develop an education and marketing plan using:</p> <p>Social media networks such as You Tube, Facebook, Twitter, and the other systems</p> <p>Success stories of our consumers and services including “the words of the employers and the successful consumers”</p> <p>Talking points on VR program including informing employers of the support VR can provide them</p> <p>The economic argument that the public program of rehabilitation is effective</p> <p>Targeted outreach to nontraditional employers including small businesses who are our emerging market</p> <p>Informing the legislative branch (anticipate and be proactive and anticipate arguments about “programmatically silos”)</p> <p>Having consumers telling their stories to the Legislatures</p> <p>Focusing on fact that we are nonpartisan and all about jobs</p> <p>Gathering economic data that proves of impact and make sure that our data are current</p>	<p>Focus on SSI/SSDI recipients including:</p> <p>Targeting our transition students prior to SSI/SSDI benefits</p> <p>Creating a “fast track” for students/ individuals who will most likely be eligible or are eligible for SS benefits</p> <p>Collaborating with SSA to change the focus on having an ability to work</p> <p>Working to extend the Medicaid programs that support employment</p> <p>Working to modify the SGA requirements to be more consumer relevant</p> <p>Providing expanded modes of transportation to increase responsiveness</p>	<p>Strengthen the public program through:</p> <p>Clearly defining our vision and focus—we must look at the future not the past</p> <p>Redefining our agency’s purpose and share this information with our staff so “they know where we are going”</p> <p>Ensuring that we use evidence- based outcomes in describing our programs</p> <p>Using the empowerment of alumni storytelling including telling our stories</p> <p>Focusing on purpose versus activity</p> <p>Linking transition consumers with a mentor</p> <p>Better collaboration at the grassroots level</p>
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Note. Community Rehabilitation Programs are partners, customers and stakeholders.

future will hold. To make decisions based upon expediency today will have the potential to create unforeseen or unexpected consequences tomorrow. As an example, if we settle for any job for our consumers, we increase the possibility that the job will not be sustained and enable the independence and self-sufficiency we believe is so critical for each consumer we serve.

As we look at budget reductions, we often see “easy” decisions to reduce training budgets or change/reduce staff qualifications or increase staff to consumer ratios. Since our organizations are person-intensive, these become logical places to reduce costs. However, these reductions or changes have long-term impacts on both the development of current staff and the standards of professionalism. One administrator mentioned that if “we keep training our staff they will leave.” Our reaction is that “if we do not train our staff and they do not engage in their own development, they will stay!!” To iterate the key decision – make sure that the beliefs of the organization and your personal and professional beliefs are consistent, transparent and enduring. Compromising them for short-term accomplishments creates a path to diminished effectiveness and an obsolete and nonrelevant organization.

Principle 5: Trust Your Colleagues and Realize the Impact of the Intended and Unintended Consequences

The issue of trust within an organization is truly significant – especially during these times of rapid change. In public agencies where there are multiple levels of authority and decision making, there is an inherent concern about trust and transparency. In state rehabilitation agencies, there is a natural skepticism between the field staff (those who deliver the services) and the central office staff (those who provide the support and direction). The we/they phenomenon is a natural and persistent factor that must be consistently addressed on a daily basis. Without the trust in the formal leadership within the organization, there will frequently be skepticism about decisions and their intended and unintended consequences. Building and maintaining trust requires *effective communication*. It must include all methods of conveying information, values and expectations. It should be integral to all processes including written, verbal, symbolic, and/or behavioral observations conveying information and expectations. The communications must include all interactions between and among individuals, the individual and group(s) and the individual and the organization.

The issue of trust is most critical. Trust is earned over an extended period of time but can be lost quickly. It requires that the leaders of the organization articulate their vision, mission, and values and then demonstrate the implementation of these core principles in all actions and decisions. The authenticity of the communications and conversations is the intangible characteristic that will either bind employees together or drive a constant wedge between them (Showkeir & Showkeir, 2008). Without individual and organizational trust and a demonstrated commitment to transparency, the rehabilitation organization will not be able to sustain itself and continue to positively evolve in these challenging times. The ultimate loser is the person with a disability who will not receive the essential services that result in competitive employment and independence.

Where Are We Headed and What Are the Essential Leadership Ingredients?

As we examine leadership and the challenges of being leaders in our profession of rehabilitation during this time of substantive changes and unprecedented challenges, we know there are five givens:

- 1 *The very nature of the public program has changed and will be a renewed iteration in the future.*
- 2 *Fiscal resources and the demand to do “more for less” is a reality that will not change in the foreseeable future*
- 3 *The demands and needs of persons with disabilities will continue to increase and become increasingly complex and multifaceted.*
- 4 *We must be willing to collaborate, compromise and partner – in an equal manner – with many constituencies.*
- 5 *We will remain a labor-intensive profession that must rely on competent staff at all levels of the organization who are knowledgeable, committed, engaged and continually prepared to respond to the consumers of the future.*

These are our present and future realities. Reliance on past experiences and expertise will not be sufficient to lead the public rehabilitation of the future.

As leaders, our challenges and opportunities are both simple and complex. The simple part is that the belief system of the public rehabilitation program is clear and enduring – enable persons with disabilities to become competitively employed and independent in their community. The complex part is that to achieve this belief on a daily basis requires a constant focus on the consumer, developing and sustaining competent staff at all levels, ensuring partnerships are valued and focused on our beliefs, translating words into consistent and constant observable behaviors, and ensuring that all acknowledge the credibility of the public program. Each of these complexities requires trust – trust in our beliefs and values, trust in our relationships with all constituencies and partners, and trust among all with each other in our organizations. The words and principles are clear; the challenge and mandate is to move these words and principles to action – action that ensures that persons with disabilities are employed and independent in our communities through all of the resources of the public program.

The words of Robert Kennedy (1966) provide the basis for our current and future rehabilitation leaders and the role and responsibility that we have today and in the future:

Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, those ripples build a current that can sweep down the mightiest walls of oppression and

resistance. (para. 31)

As leaders we must be clear in our beliefs and values, responsive to the expectations of the staff and consumers we serve, and relentlessly committed to enabling each person to make a difference so that resistance is swept down.

Author's Note

Fred R. McFarlane, Ph.D., Fredric Schroeder, Ph.D., Manuel Enriquez, MPA, and Donald Dew, Ed.D., are the key personnel of the National Rehabilitation Leadership Institute (NRLI) that is funded by the Rehabilitation Services Administration, U.S. Department of Education. The Institute is jointly offered through San Diego State University and The George Washington University. This paper, initially developed in August 2009, has been refined based on the literature, policy and program developments, and comments from colleagues and other rehabilitation leaders through May 2011, including the focus group results from a Seminar of past graduates from the Executive Leadership Seminar Series of NRLI that was held in San Diego in November 2010.

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