To the Graduate Council:

I am submitting herewith a thesis written by Janie Johnson entitled "Client Expectations and Discussion of Relevant Rehabilitation Topics in Relation to Their Satisfaction with the Discussion." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Vocational Rehabilitation Counseling.

William Holbert, Major Professor

We have read this thesis
and recommend its acceptance:

Horace W. Sawyer

Accepted for the Council:

Hilton A. Smith
Vice Chancellor
Graduate Studies and Research

CLIENT EXPECTATIONS AND DISCUSSION OF RELEVANT REHABILITATION TOPICS IN RELATION TO THEIR SATISFACTION WITH THE DISCUSSION

A Thesis

Presented for the

Master of Science

Degree

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ABSTRACT

Often the process of rehabilitation is blocked by the lack of communication between counselor and client. The disadvantaged client presents special problems because of the multiple disabilities prevalent in this group and because of prejudices and discriminations preventing socialization into other groups. Failure to express relevant ideas and to ask pertinent questions exists at various levels on both sides of the rehabilitation counselor's desk. This study endeavors to determine with whom the blocks in communication lie and how this factor affects the client's satisfaction with his rehabilitation experiences.

Forty-six disadvantaged vocational rehabilitation clients were selected to participate in answering a questionnaire concerning their expectations about discussion, counselor initiation of the discussion, client participation in the discussion, and client satisfaction with the discussion. These four aspects were related to seven areas which, in the opinion of this examiner, should be dealt with during the process of rehabilitation; the topics were related to the client's (1) disability, (2) personal problems, (3) work preferences, (4) getting a job, (5) going to school, (6) getting job training, and (7) accessibility to his counselor.

It was hypothesized that there would be no difference between the client's (1) desire for discussion, (2) counselor initiation

of the discussion, (3) client discussion with the counselor, and (4) client satisfaction with the discussion. The hypotheses about job preferences, getting a job, getting job training, and accessibility of the counselor were rejected.

The results indicated that although a high number of clients reported that they discussed topics of relevance with their counselor, a lower number of these individuals were satisfied with the discussion. Another finding was that although most clients feel that their counselor is accessible, few clients arrange to meet with their counselor when they have problems to discuss.

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CHAPTER I

INTRODUCTION

Vocational rehabilitation operates as an action program with defined vocational-oriented objectives between the handicapped individual and the counselor working with a state agency. Rehabilitation as a treatment philosophy stresses the implementation of a process through which the maximum development of the handicapped individual's capabilities consonant with his total needs can be accomplished. In 1968 vocational rehabilitation broadened its definition of handicapped persons to include the culturally disadvantaged population by passing legislation to extend vocational evaluation and work adjustment services to socially deprived persons. Since rehabilitation is defined by one author as "that activity required to assist an individual to move from a status of inadequacy to a status of adequacy" (Raphael, 1972, p. 33), the extension of services to socially disadvantaged persons is a valid redefinition of rehabilitation to aid those persons engulfed by a complexity of problems resulting from a limiting environment.

Critical to the functioning of the vocational rehabilitation process is the client's understanding of his counselor's responsibilities and the client's role in the process of rehabilitation. The degree to which the client feels that the resources of the counselor and agency correspond to his own needs is the primary determinant of client satisfaction. Contingent upon the client's satisfaction

with his experiences in the rehabilitation process are his expectations of the services to be provided by the agency and the extent to which his expectations are realized or altered to be in concurrence with his counselor's proposals.

To achieve a mutually satisfying rehabilitation relationship between counselor and client, the initiation and discussion of certain topics relevant to the vocational and personal adjustment of the client is incumbent. However, the divergent orientations and bakcgrounds between the culturally deprived client and the middle-class-valued counselor may impose barriers in the communication of values, motivations, and problems encountered by the client. The culturally disadvantaged client is characterized not just by economic or personal deprivation but by a host of related social problems such as poor health, slum housing, discrimination, and inadequate education. Vocational choices may have been limited to menial job tasks and educational experiences to regimental school systems. The counselor's failure to explore the disadvantaged client's orientation and concerns may result in his being unaware of the client's frustrations and problems.

Misconceptions are often prevalent on both sides of the rehabilitation counselor's desk. The client, who perceives of himself as being discriminated against, may receive the counselor as an impersonal representative of a bureaucracy. Because of his lower social status, the client may be reluctant to express his vocational and personal concerns. Lenski and Leggett (1960, p. 466) conclude

that higher class interviewers have a tendency to evoke deferent responses in their lower class interviewees. On the other hand, the counselor may misinterpret the client's verbal reticence as a lack of motivation to carry out education, job training, or vocational plans.

I. THE PROBLEM

This study attempts to determine the degree of client satisfaction in relation to the client's expectations of services to be provided. This survey also attempts to define a relation between the client's reporting of the counselor or client initiation of discussion of selected rehabilitation topics and the client's satisfaction with the discussion.

Because it is presupposed that culturally deprived clients present special problems in counseling relationships, disadvantaged clients were asked to respond to a questionnaire. Clients were asked to respond to questions concerning seven topics thought to be relevant by this examiner to the process of rehabilitation.

II. IMPORTANCE OF THE STUDY

In the research conducted regarding vocational rehabilitation, assessments of the client's satisfaction with services have been conspiciously lacking. According to Uhlig and Stevic (1967, p. 116), the client's expectations of what will go on in counseling, including the topics to be discussed, will determine in a large measure the

success of the relationship. The degree of the discussion of both personal concerns and vocational goals of the client is inextricably linked with the client's determination of satisfaction in the counseling relationship. By recording the client's expectations of the discussion of certain topics and the client's reporting of the discussion of these topics, this study attempts to effectively evaluate the client's degree of satisfaction.

One author (Jorgenson, 1967, pp. 15-16) concludes that the most basic problem for the rehabilitation counselor is the social class of the client. Lower-class clients often view the helping agencies with suspicion and have difficulty in verbally expressing their desires and frustrations. By sampling disadvantaged client's reporting of the overall verbal exchanges with their counselor, this survey endeavors to ascertain counselor initiation and client participation in the discussion of topics necessary to the successful rehabilitation of the client.

III. LIMITATIONS OF THE STUDY

The subjects for this research were limited to disadvantaged vocational rehabilitation clients attending the Institute of Human Resources in Knoxville, Tennessee, for vocational evaluation and work adjustment services. The clients responding to the questionnaire were limited to persons with a reading level of at least the third or fourth grade.

IV. DEFINITION OF TERMS

The following list of terms is presented to more clearly define the terminology particular to this study.

Counselor. A practicing vocational rehabilitation counselor in Tennessee.

Disadvantaged Individual. A person who has no diagnosed physical, mental, and/or emotional disorder other than socioeconomic deprivation.

Institute of Human Resources. The private foundation providing vocational evaluation and work adjustment services for clients of vocational rehabilitation and other state agencies in the Knoxville, Tennessee area.

Rehabilitation Client. Any person accepted as eligible to receive services from the Division of Vocational Rehabilitation on the basis of (1) the presence of a physical, mental, or emotional disability, (2) the existence of a substantial handicap to employment, and (3) a reasonable expectation that rehabilitative services may render the individual fit to engage in gainful employment.

State Agency. Refers to the Division of Vocational Rehabilitation.

Subjects. Those persons who completed and returned the questionnaire for this study.

Questionnaire. Refers to the form designed for this study which was administered to the clients (see Appendix A).

V. PROCEDURES

The subjects for this study were disadvantaged vocational rehabilitation clients attending the Institute of Human Resources in Knoxville, Tennessee. The subjects were administered the questionnaire in groups of five while they were seated around a table in a conference room.

First, this examiner introduced herself as a graduate student in rehabilitation counseling who was conducting a study on client opinions about their counseling relationship with their rehabilitation counselor. When asked to volunteer to take the questionnaire, the subjects had been previously informed by this examiner that participating in the survey was structly voluntary and that their names would be kept in confidence.

After the subjects were instructed to fill out the demographic data sheet, they were instructed to respond to the questionnaire by filling out an answer sheet while this examiner read the questions aloud. The clients were instructed to answer only the question being read aloud and were encouraged to ask questions about any question that they did not understand. The administration of the questionnaire took about twenty minutes.

VI. HYPOTHESES

1. There will be no significant difference (at the .05 level) between (1) client's desire to discuss his disability, (2) counselor initiation of the discussion, (3) client discussion with the counselor,

and (4) client satisfaction with the discussion.

2. There will be no significant difference (at the .05 level) between (1) client's desire to discuss his personal problems, (2) counselor initiation of the discussion, (3) client discussion with the counselor, and (4) client satisfaction with the discussion.

3. There will be no significant difference (at the .05 level) between (1) client's desire to discuss his work preferences, (2) counselor initiation of the discussion, (3) client discussion with the counselor, and (4) client satisfaction with the discussion.

4. There will be no significant difference (at the .05 level) between (1) client's desire to get a job, (2) counselor initiation of the discussion, (3) client discussion with the counselor, and (4) client satisfaction with the discussion.

5. There will be no significant difference (at the .05 level) between (1) client's desire to go to school, (2) counselor initiation of the discussion, (3) client discussion with the counselor, and (4) client satisfaction with the discussion.

6. There will be no significant difference (at the .05 level) between (1) client's desire to get job training, (2) counselor initiation of the discussion, (3) client discussion with the counselor, and (4) client satisfaction with the discussion.

7. There will be no significant difference (at the .05 level) between (1) client's desire to contact his counselor if he has problems, (2) client arranging the meeting, (3) counselor arranging the meeting, and (4) client satisfaction with the availability of his counselor.

VII. ORGANIZATION OF THE REPORT

This study consists of four chapters. Chapter I includes an introduction to the study, the statement of the problem, importance of the study, definitions of the terms, the method of procedure, hypotheses, and the organization of the report.

A review of the relevant literature is presented in Chapter II with the emphasis being on studies describing the disadvantaged client and research relating to client expectations and client satisfaction.

The analysis of the data collected is presented in Chapter III. A discussion of the theoretical and practical implications of the study is found in Chapter IV.

CHAPTER II

REVIEW OF RELATED LITERATURE

I. INTRODUCTION

In reviewing the literature on vocational rehabilitation, numerous studies have been engaged in concerning counselor effectiveness. However, a relatively small proportion of research has been undertaken to ascertain client satisfaction with services on a comprehensive basis. As a whole, research has focused on studying counselor effectiveness by reporting on counselor interaction with the client--generally, with an emphasis on the professional perspective of the counselor's effective and ineffective behaviors with the client. The literature is rife with studies of the recording of the vocational rehabilitation counselor's counseling behavior and activities deemed important to the rehabilitation process with the results being correlated with the successful placement of the client in employment. Client satisfaction with services has not usually been evaluated on an overall basis but only in terms of the client's placement in gainful employment.

II. THE DISADVANTAGED CLIENT

Many authors state that counseling with a disadvantaged client poses special problems in relating to and clarifying the specific concerns of the underpriviledged individual. The disadvantaged

person can be defined on a multiple level through the combining circumstances of poverty, unhealthy living conditions, ignorance, and limiting work situations rather than through the single scope of financial deprivation. Kunce (1969, pp. vii-viii) describes the disadvantaged person in terms of personal, social, and psychological characteristics as follows:

1. Among individuals categorized as disadvantaged, the following conditions are found to exist in a greater degree than for the majority of American citizens; low educational attainment, lack of vocational skills, lack of a stable work history, inadequate income, inadequate financial resources, housing of substandard quality, restricted opportunity to select neighborhood.

2. With respect to personal characteristics, the disadvantaged have higher proportions of: both younger and older individuals, females, families headed by females, individuals with physical or mental handicapps, members of special groups such as migrant workers, and individuals who are racially different.

3. The extent and scope of poverty has not been readily apparent to the middle class. Procedures for reporting unemployment as well as errors in census figures tend to minimize its relative degree and severity.

4. Until recently the disadvantaged have not participated to any extent in the political and social activities of the larger society. Their inability to participate effectively on their own behalf has perpetuated their status.

5. Although there appears to be no "personality of poverty," some common psychological attributes arise from the role and place of the disadvantaged in society: a different (and inferred deficient) performance on educational, psychological, and other behavioral tasks, a different language which poses subtle difficulties in communicating and in learning in a middle-class environment; pervasive attitudes which appear self-defeating such as discrepancies in what they like to achieve and what they feel capable of achieving; and higher incidences of social maladaptive behavior including passivity, crime, and emotional disturbance.

6. The values and objectives of the disadvantaged are similar in many ways to those of the middle class. They want security, advancement, money, achievement, and happiness. Yet, because of unmet physical needs a particularly strong need for security may arise which negates their ability to work towards long-term goals. Preference for short-term goals with tangible pleasures develops. This situation is reflected in purchasing material objects such as color TV's which would appear from other perspectives as poor judgment.

7. In spite of a sometimes superficial blandness, the disadvantaged appear to aspire to better things. Their efforts to improve their status through educational and vocational attainments are often influenced by many kinds of subtle self-defeating and conflicting behaviors. From a psychological point of view, the youth have poor examples or "role models" in their parents who have been unable to show effective, coping behaviors that would enable them or their families to achieve a more meaningful life.

Lawlis (1971, p. 15) defines the hard-core welfare recipient as being characterized operationally in the following terms:

> (1) no long-term goals; (2) limited or no successs expectancy in middle class terms; (3) distrust of middle class and middle class system; (4) poor or inadequate work attitudes and behaviors; (5) adjustment to low level or erratic economic stability; (6) loose family structure and allegiance; (7) passive, dependent behavior in relation to the middle class standards and institutions; (8) poor educational history in relation to academic achievement; (9) second or third generation welfare recipient; (10) little or no knowledge of work possibilities other than temporary short-term jobs.

The unstable climate in which the poor person lives and from which he formulates many of his basic values, expectations, and pretexts stimulates a basic insecurity in the individual. The socially deprived person's inability to cope with and to be adequately prepared for financial set-backs, which may arise from such quarters as a long illness, creates anxiety and despair in the individual. The disadvantaged person has to deal not only with the uncertainties

of his own culture but also with discrimination against his entering another culture. Poussaint (1970, p. 18) states that most middle-class people do not respect the poor and consider them to be inferior beings while holding to the Protestant ethic that those who are poor are failures. The middle-class discriminate against a person who is dirty, has rotten teeth, imporper grammar, or unkempt clothing. Cohen and Hodges (1963, p. 316) cite that the disadvantaged are relatively helpless in manipulating institutions to fulfill their needs, are convinced that they are unable to influence the workings of society, doubt their ability to control their own lives, and do not interact as effectively with other social groups. According to Kunce (1969, p. 45), these factors promulgate a feeling of alienation in the poor. This feeling is characterized as a synthesis of:

> (1) powerlessness to control their environment, (2) meaninglessness of the events which control their lives, (3) failure to attain goals through proscribed behavior (anomie), and (4) isolation from society.

III. CLIENT EXPECTATIONS

Client expectations are a major determinant in the successful rehabilitation outcome of the client. The degree to which the client's expectations are revised by feedback from his counselor about the client's capabilities and the resources available through vocational rehabilitation is inextricably bound up with the client's satisfaction with services. In a study by Severinsen (Jorgensen, 1967, p. 25), clients indicated the degree of leading or emphatic

behavior they expected to receive in counseling. The authors concluded that if a client expected one type and received a different type of treatment, it was extremely likely that the client would become dissatisfied. King and Mateson (Jorgenson, 1967, p. 25) acquired similar findings by ascertaining that college students used a counseling center according to predetermined expectations for counseling about either educational-vocational problems or personal problems. In research conducted by Cundick (Reagles, 1970, p. 9), he concluded that the congruency of counselor-client expectations increases significantly during counseling. This finding, however, was not significantly correlated with satisfaction with counseling.

IV. COUNSELOR AND CLIENT INTERACTION

Rehabilitation success is largely a result of the quality of interaction between counselor and client. One author states that if the client perceives of his reception by his counselor as impersonal, it "reinforces the client's view that he is externally controlled and contributes to a sense of dependency, apathy, and passivity," (Raphael, 1972, p. 18). The disadvantaged client may be faced with barriers imposed by the biased attitudes of his counselor. Classic phrases that some rehabilitation counselors apply to the disadvantaged population are as follows: "They won't apply for our services," "They are not motivated," and "They apply for services but fail to follow through" (Ayers, 1970, p. 195).

"The greatest single factor influencing the counseling relationship with the disadvantaged client is the attitude of the counselor," states Ayers (1970, p. 194). Four negative concepts of professionalism in rehabilitation which may influence the counselor in avoiding to work with the disadvantaged client are as follows:

1. Competition for prestigious work can lead to estrangement from the undesirable client.

2. Role expectations may be prevalent that a counselor should be detached and sought out as an expert.

3. Middle-class values may effect the counselor's choice of cases most amenable for services.

4. Pursuit of professional advancement can have deleterious effects on clients because of tension stemming from avoidance of serving the poor, (Raphael, 1972, p. 34).

Unfortunately, a counselor's lack of understanding of the basic problems of the poor may result in his meeting the frustrations encountered with his client

> (1) with low expectations, failure anticipation and (true to the self-fulfilling prophecy) an increased rate of failure; or (2) with the notion that the disadvantaged cannot learn and do not care; or (3) with the conviction that it is all environmental, i.e., impoverishment, economic insecurity, and segregation, none of which are the disadvantaged client's fault and none of which are, therefore, amenable to change, (Kunce, 1969, p. 97).

Ayers (1970, p. 197) states that "The counselor can relate only if he becomes a part of the solution to the problem, that is, helps to remove barriers that prevent the disadvantaged from achieving their maximum social and economic potential. The counselor cannot relate if he remains a part of the problem."

Constantine (1970, p. 5063) examined client perception of the rehabilitation counselor's role on a nine-point scale in relation to (1) vocational counseling, (2) educational counseling, (3) personal counseling, (4) clerical-administrative, (5) coordination of services, (6) case recording, (7) disciplinary implications, (8) professional and self-development, and (9) placement. Rating the scale on a continuum from most-like to least-like counselor's perceived role, the clients' overall responses were that "clients view counselors as most competent or most frequently engaging in activities related to vocational or educational counseling and case recording. The counselor was viewed as a resource person rather than one to consult regarding personal problems."

Since disadvantaged clients are often viewed as being unmotivated, Solomone (1972, p. 15) investigated client motivation in relation to successful rehabilitation outcome by evaluating the personal characteristics of numerous clients. Solomone's conclusions were as follows:

> Those persons motivated for rehabilitation services were described in the reports as having good physical appearance and self-care, handling interviews well, being highly motivated to work, considering realistic kinds of work, and having average intelligence. Those clients not motivated for rehabilitation services typically were viewed as unemployed because of a desire not to work, feeling ready to retire and to be content puttering around the house, having no financial pressures to work, participating in the program so as not to jeopardize workmen's compensation status, and having many physical complaints involving headaches.

The evidence supported the hypothesis that "clients who are motivated for rehabilitation services are more likely to be successfully

rehabilitated than unmotivated clients," (Solomone, 1972, p. 19).

Another contention is that the client who has been well-informed about the processes and scope of rehabilitation by his counselor is more successfully rehabilitated than the uninformed client. Dell'Apa (1971) sought to investigate this possibility by administering a questionnaire about selected concepts routinely used in rehabilitation to both counselors and clients. Dell'Apa (1971, p. 4052) stated: "This study sought to determine if congruence of understanding of rehabilitation concepts by counselor and client was related significantly to effectiveness in achieving rehabilitation goals." The study concluded that the congruence of dyadic communication in the counselor-client relationship is significantly related to achieving rehabilitation goals.

In a study conducted by Reagles (1970, XIII) to assess client gain through the vocational rehabilitation process by reducing gain-scale items into a single scable variable, clients were administered a pre-rehabilitation questionnaire concerning the client's perceptions of his disability, of his emotional, occupational, and social characteristics, and of his expectations of rehabilitation services. A post-rehabilitation questionnaire was administered with items paralleling those in the first questionnaire but including items indicative of client satisfaction with services.

One of the most important findings of the study was that culturally disadvantaged clients scored higher on the gain scale than the medically handicapped clients. Tangible services such as

training had the greatest impact on rehabilitation gain. This study also indicated that counselor intervention on behalf of the client, especially for vocational planning, purchasing of services, placement, and follow-up, were the most important factors in enhancing rehabilitation gain.

A study by Reagles (1970, XII, p. 37) concluded that the more intensive the counselor intervention, the greater the client's expressed satisfaction with the services received. Also, the quantity of agency expenditure on behalf of the client was substantially related to client satisfaction.

CHAPTER III

PRESENTATION AND ANALYSIS OF THE DATA

I. INTRODUCTION

The purpose of this chapter is to present the data gathered for this study and to analyze this data in terms of the seven hypotheses. This chapter is composed of three sections including the introduction, description of the client population, and presentation and analysis of the data.

Forty-six disadvantaged vocational rehabilitation clients responded to a demographic data sheet (see Appendix) and a twenty-eight item questionnaire administered by this examiner. The questions were related to seven groups of topics relevant for discussion in the rehabilitation process. These topics were related to the client's (1) disability, (2) personal problems, (3) work preferences, (4) getting a job, (5) going to school, (6) getting job training, (7) accessibility to his counselor. In relation to each topic, the client was asked to indicate the degree of (1) client desire for discussion, (2) counselor initiation of the discussion, (3) client discussion with the counselor, (4) client satisfaction with the discussion. The answer sheet (see Appendix) allowed for a response of (1) No, (2) Not Enough, (3) Yes, and (4) Very Much.

The questionnaire was field tested on five disadvantaged clients attending the Institute of Human Resources. The answer

sheet (see Appendix) for this pilot study allowed for a response of (1) No, (2) Not Enough, (3) Yes, (4) Very Much, and (5) Does Not Apply.

The Chi Square statistic was used to test the significant differences among the responses to the four questions relating to each topic. This procedure was a measure of the independent or dependent correlations between the four questions relating to each topic. The Chi Square statistic was calculated with the use of a Monroe calculator. The significance level (.05) using the Chi Square statistic indicated that if the responses to the questions were to be significantly correlated, they must demonstrate a critical value of greater than 3.84.

The tables present the number of clients answering each response category for each questionnaire item. For the purpose of presenting perspicuous tables, the answers indicating a negative response and the answers indicating a positive response have been grouped together.

The tables also present each of the four questionnaire items related to each topic and its Chi Square value for each of the questionnaire item correlations. An asterisk is placed beside those item correlations which are significant.

II. DESCRIPTION OF THE CLIENT POPULATION

The subjects participating in this study were disadvantaged vocational rehabilitation clients attending the Institute of Human

Resources for work adjustment services. The clients participated in work activities including sewing, hand crafts, ceramics, wood-working, and auto-mechanics.

Of the persons sampled, all clients had had interviews with their rehabilitation counselor ranging from a few meetings to innumerable encounters. In order to attain adequate responses to the questionnaire, the clients employed in the study had also attained a reading grade level of at least the third to fourth grade level.

Table I presents the demographic characteristics of the population. Approximately 63% of clients participating in the study were females; whereas, 37% of the population were males. Approximately 80% of the clients responding to the questionnaire were caucasian with the remaining 20% of the sample population being Negro. Fifty percent of the clients had never been married in comparison to the remaining 50% being almost equally divided between those persons who were married or persons who were divorced or separated. It should be noted that about 38% of the female population was either divorced or separated in comparison with 1% of the males being divorced or separated.

Although the clients responded on the demographic data sheet by specifically stating their disability, this examiner categorized the clients according to physical, emotional, or socio-economic disability. For the purposes of this study, socio-economic disability

TABLE I

DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

Characteristic	Males	Females	Total
Number of Clients	17	29	46
Average Age	28.9	29.4	29.2
Race			
Caucasian	14	23	37
Negro	3	6	9
Marital Status			
Never Married	9	14	23
Married	7	3	10
Separated/Divorced	1	11	12
Widowed	0	1	1
Disability			
Physical	11	8	19
Emotional	3	17	20
Socio-Economic	3	4	7

referred to the client having no other physical, mental, or emotional disability other than socio-economic deprivation. About 43% of the clients had a physical disability, 41% an emotional disability, and 16% a socio-economic disability. About 65% of the male clients demonstrated a physical disability with 17.5% stating an emotional disability, 28% a physical disability, and 13% a socio-economic disability.

The forty-six persons participating in the study were the clients of nine different vocational rehabilitation counselors. Fifty percent of the clients interacted with the same rehabilitation counselor. The next highest percent of clients interacting with the same counselor has 17% with the remainder of the clients interacting with the other seven counselors (see Table II).

III. PRESENTATION AND ANALYSIS OF THE DATA

For the purpose of presenting and analyzing the data obtained during this study, each of the seven hypotheses is considered separately. Each of the four questionnaire items pertaining to one topic is correlated with the other questionnaire items pertaining to that topic.

Hypothesis I

The first hypothesis states that there will be no significant difference (at the .05 level) between (1) client's desire to discuss his disability, (2) counselor initiation of the discussion, (3) client

TABLE II

NUMBER OF CLIENTS FOR EACH COUNSELOR

VR Counselor	Number of Clients for Each Counselor
Counselor I	23
Counselor II	8
Counselor III	4
Counselor IV	3
Counselor V	2
Counselor VI	2
Counselor VII	2
Counselor VIII	1
Counselor IX	1

discussion with the counselor, and (4) client satisfaction with the counselor.

Table III presents the number of clients responding negatively or positively to the group of questions related to the client's disability and presents the Chi Square value for each question pairing. It may be noted that all question values are low and below the critical value of 3.84 indicating significance at the .05 level. Hypothesis I, therefore, cannot be rejected.

Hypothesis II

The second hypothesis states that there will be no significant difference (at the .05 level) between (1) client's desire to discuss his personal problems, (2) counselor initiation of the discussion, (3) client discussion with the counselor, and (4) client satisfaction with the discussion.

Table IV shows that there are no Chi Square values above the significant level for the responses to questions about the client's discussion of personal problems. All of the Chi Square values are well below the critical value. Hypothesis II, therefore, cannot be rejected.

Hypothesis III

The third hypothesis states that there will be no significant difference (at the .05 level) between (1) client's desire to discuss his work preference, (2) counselor initiation of the discussion, (3) client discussion with the counselor, and (4) client satisfaction with the discussion.

TABLE III

DISCUSSION OF THE CLIENT'S DISABILITY

Questionnaire Items	No-NE*	Yes-VM**	Chi Square Values 2.***	3.	4.
1. Do you want to talk to your counselor about your disability?	12	34	3.02	0	1.75
2. Does your counselor ask you to talk about your disability?	21	25		1.66	.06
3. Do you tell your counselor about your disability?	14	32			.76
4. Are you satisfied with the discussion about your disability?	19	27			

*Number of No-Not Enough responses.

**Number of Yes-Very Much responses.

***Indicates the questionnaire item.

TABLE IV

DISCUSSION OF THE CLIENT'S PERSONAL PROBLEMS

Questionnaire Items	No-NE*	Yes-VM**	Chi Square Values 6.***	7.	8.
5. Do you want to talk to your counselor about your personal problems?	19	27	.39	1.56	.01
6. Does your counselor ask you to talk about your personal problems?	23	23		.17	.09
7. Do you tell your counselor about your personal problems?	26	20			.88
8. Are you satisfied with the discussion about your personal problems?	21	26			

*Number of No-Not Enough responses.

**Number of Yes-Very Much responses.

***Indicates the questionnaire item.

All of the Chi Square values for the responses to the questions relating to the discussion of the client's work choices and work potential are below the significance level except for the correlations between questionnaire items 10 and 12 as shown in Table V. The critical value of 5.79 indicates a significant relation between the counselor asking the client what kind of work he wants to do and the client's satisfaction with the discussion. Consequently, sub-hypothesis (2) and sub-hypothesis (4) of Hypothesis III can be rejected; however, sub-hypotheses (1) and (3) cannot be rejected.

The majority (N = 40) of clients indicate that their counselors asked them what kind of work they wanted to do. However, a considerably smaller number (N = 29) of clients indicated satisfaction with the discussion. Since 36 of the 40 clients responded that they tell the counselor what kind of work they want to do, these findings indicate disagreement between the counselor and client about the type of employment thought to be feasible for the client.

Hypothesis IV

The fourth hypothesis states that there will be no significant difference (at the .05 level) between (1) client's desire to get a job, (2) counselor initiation of the discussion, (3) client discussion with the counselor, and (4) client satisfaction with the discussion.

The critical value of 8.46 demonstrates significance for the correlations between client responses to questions 13 and 16 as shown in Table VI. All other Chi Square values for the questions pertaining to discussion of the client getting a job are insignificant.

TABLE V

DISCUSSION OF THE CLIENT'S WORK PREFERENCES

Questionnaire Items	No-NE*	Yes-VM**	Chi Square Values 10.***	11.	12.
9. Do you want to find out what kind of work you can do?	4	42	.11	2.10	2.16
10. Does your counselor ask you what kind of work you want to do?	6	40		.68	5.79
11. Do you tell your counselor what kind of work you want to do?	10	36			1.88
12. Are you satisfied with the discussion about what kind of work you can do?	17	29			

*Number of No-Not Enough responses.

**Number of Yes-Very Much responses.

***Indicates the questionnaire item.

TABLE VI

DISCUSSION OF THE CLIENT GETTING A JOB

Questionnaire Items	No-NE*	Yes-VM**	Chi Square Values 14.***	15.	16.
13. Do you want to get a job?	4	41	1.95	1.95	8.46
14. Does your counselor ask you if you want to get a job?	10	36		0	1.88
15. Do you tell your counselor that you want to get a job?	10	36			1.88
16. Are you satisfied with the discussion about jobs?	17	29			

*Number of No-Not Enough responses.

**Number of Yes-Very Much responses.

***Indicates the questionnaire item.

Therefore, sub-hypotheses (1) and (4) of Hypothesis IV are accepted; hereas, sub-hypotheses (2) and (3) are rejected.

Since 41 of the clients indicated that they wanted to get a job in comparison with 29 of the clients indicating satisfaction with the discussion about jobs, these findings indicate a discrepancy between the client's desire for work and discussion about jobs with his counselor. Since 36 of the clients indicated that they discuss their desire to get a job with their counselor, these scores indicate dissatisfaction with the overall discussion about jobs.

Hypothesis V

The fifth hypothesis states that there will be no significant difference (at the .05 level) between (1) client's desire to go to school, (2) counselor initiation of the discussion, (3) client discussion with the counselor, and (4) client satisfaction with the discussion.

For the correlations among questions pertaining to the client going to school in Table VII, there are no significant Chi Square values. Hypothesis V, therefore, cannot be rejected. These scores indicate no significant relation between client desire to go to school, counselor and client discussion about the client going to school, and client satisfaction with the discussion.

Hypothesis VI

The sixth hypothesis states that there will be no significant difference (at the .05 level) between (1) client's desire to get job

TABLE VII

DISCUSSION OF THE CLIENT GOING TO SCHOOL

Questionnaire Items	No-NE*	Yes-VM**	Chi Square Values		
			18.***	19.	20.
17. Do you want to go to school?	13	33	.77	0	1.70
18. Does your counselor ask you if you want to go to school?	18	28		.77	.04
19. Do you tell your counselor if you want to go to school?	13	33			1.70
20. Are you satisfied with the discussion about school?	20	26			

*Number of No-Not Enough responses.

**Number of Yes-Very Much responses.

***Indicates the questionnaire item.

training, (2) counselor initiation of the discussion, (3) client discussion with the counselor, and (4) client satisfaction with the discussion.

Table VIII presents the Chi Square values for responses to questions about client expectations, discussion, and satisfaction with the discussion about job training. Table VIII also shows the number of clients responding positively or negatively to those questions. Questionnaire item (1) is positively correlated with (2), (3), and (4). Consequently, Hypothesis VI can be rejected.

Significant values are established between client responses to question (1) in relation to (2), (3), and (4). A high number of clients (N = 40) express a desire to get job training; however, a lower number (N = 30) indicate that their counselor asked them if they wanted to get job training. Only 29 clients state that they discuss their desire to get job training with their counselor. Only 30 clients indicate some degree of satisfaction with the discussion about job training. One must conclude from these findings that a significantly lower number of clients indicate discussion of and satisfaction with the discussion of job training than clients indicating a desire to duscuss job training with their counselor.

Hypothesis VII

The seventh hypothesis states that there will be no significant difference (at the .05 level) between (1) client's desire to contact his counselor if he has problems, (2) client arranging the meeting, (3) counselor arranging the meeting, and (4) client satisfaction

TABLE VIII

DISCUSSION OF THE CLIENT GETTING JOB TRAINING

Questionnaire Items	No-NE*	Yes-VM**	Chi Square Values 22.***	23.	24.
21. Do you want to get job training?	6	40	4.83	5.79	4.83
22. Does your counselor ask you if you want to get job training?	16	30		0	0
23. Do you tell your counselor if you want to get job training?	17	29			0
24. Are you satisfied with the discussion about job training?	16	30			

*Number of No-Not Enough responses.

**Number of Yes-Very Much responses.

***Indicates the questionnaire item.

with the availability of his counselor.

The Chi Square values for question 25 in relation to 26 and 27 are significant. The critical value for question 26 in relation to question 28 is also significant as shown in Table IX. Since significant values are established between clients' responses to questions (1), (2), (3), and (4), Hypothesis VII can be rejected.

Thirty-six clients state that they want to talk to their counselors if they have problems. However, a considerably lower number of clients (N = 20) state that they arrange to meet with them when they have problems. Although clients state that they want to talk to their counselors if they have problems, a proportionately lower number of clients actually arrange to meet with their counselor. Even though a small number of clients (N = 20) report that they initiate arranging to meet with their counselor to discuss problems, 34 clients report that they are satisfied with being able to get hold of their counselor when they need him.

TABLE IX

ACCESSIBILITY OF THE COUNSELOR

Questionnaire Items	No-NE*	Yes-VM**	Chi Square Values 26.***	27.	28.
25. Do you want to talk to your counselor if you have problems?	10	36	10.26	4.00	.05
26. Do you arrange to meet with your counselor when you have problems?	26	20		1.08	7.57
27. Does your counselor arrange to talk to you when you have problems?	20	26			2.34
28. Are you satisfied with being able to meet with your counselor when you need to talk to him about problems?					

*Number of No-Not Enough responses.

**Number of Yes-Very Much responses.

***Indicates the questionnaire item.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

I. INTRODUCTION

The previous chapters of this study have introduced the problem, reviewed the related literature, presented the design of the study, and analyzed the hypotheses in terms of the data. The present chapter summarizes the report, suggests conclusions, and makes recommendations for further study based upon this survey.

II. SUMMARY

The purpose of this study was to determine the relationship between client expectations, client discussion with their counselor, and client satisfaction with the discussion concerning topics relevant to the vocational rehabilitation of the client. A twenty-eight item questionnaire was developed with questions relating to the personal concerns and vocational adjustment of the client. Four questions relating to the client's expectations, counselor initiation of the discussion, client discussion with the counselor, and client satisfaction with the discussion were addressed to seven topics concerning the client's (1) disability, (2) personal problems, (3) work preferences, (4) getting a job, (5) going to school, (6) getting job training, and (7) accessibility to his counselor. This instrument was administered to 46 disadvantaged vocational rehabilitation clients.

The Chi Square statistic was used to test for significant differences.

Hypotheses III, IV, VI, and VII were rejected. Analysis of Hypothesis III indicated that although many clients (N = 40) stated that their counselor asked them about their job preferences, proportionately fewer clients (N = 29) were satisfied with the discussion.

Hypothesis IV demonstrated significance between the client's desire to get a job and the client's satisfaction with the discussion. These results showed that 41 of the clients indicated that they wanted to get a job but only 29 of the clients were satisfied with the discussion about jobs.

Hypothesis VI demonstrated significance between the client's desire to get job training, the counselor's initiation of the discussion, the client's discussion with the counselor, and the client's satisfaction with the discussion. Forty clients stated a desire to get job training; however, only 30 clients stated that their counselor asked if they wanted to get job training; only 29 clients indicated participation in the discussion about job training. Thirty clients stated satisfaction with the discussion about job training. Proportionately, the number of clients who discussed job training with their counselors was almost equal to clients indicating satisfaction with the discussion as opposed to considerably more clients indicating their desire for job training.

For Hypothesis VII the Chi Square values were significant for correlations between the client's desire to contact his counselor if he has problems and the client arranging the meeting; the client's

desire to contact his counselor and the counselor arranging to meet with the client; and the client arranging to meet with his counselor and the client's satisfaction with the availability of his counselor. Although 36 clients stated that they would talk to their counselor if they had problems, only 20 clients arranged to meet with their counselor. Only 26 clients stated that their counselor arranged to meet with them. However, 34 clients stated that they were satisfied with the availability of their counselor. These results indicated that although most clients felt that their counselor was available, many clients did not take advantage of seeing their counselor.

III. CONCLUSIONS

A high number of clients reported that they discussed topics of relevance with their counselor; whereas, a considerably lower number of these individuals were satisfied with the discussion. Also, a high number of clients indicated their desire to discuss or to act concerning a particular topic, but a lower number of individuals indicated satisfaction with the discussion. This finding indicated that although disadvantaged clients discussed topics of personal concern with their counselor, a proportionately lower number of clients are satisfied with the discussion.

However, the data analysis for Hypothesis VII demonstrated general agreement between the number of clients who wanted to talk to their counselor if they had problems and those who were satisfied with being able to contact their counselor. However, few clients

reported that meetings were arranged between counselor and client if the client had problems to discuss. Even though this finding indicated that most counselors were perceived by their clients as being accessible, neither clients nor counselors arranged for personal meetings.

It might also be mentioned here that half of the persons participating in the study were clients of the same rehabilitation counselor. Therefore, half of the client responses are directed toward the same counselor. This factor may have had a weighting effect upon the results of the study.

IV. RECOMMENDATIONS

It is recommended that:

1. A larger sample of clients, who were distributed more evenly among the different rehabilitation counselors, be taken to further test the applicability of this instrument.
2. A comparison be drawn between the responses of the disadvantaged clients and other vocational rehabilitation clients by administering the questionnaire to clients receiving services for medical disabilities only.
3. A comparison of data be made between male and female counselors and clients; and between Negro and Caucasian counselors and clients.

4. Demographic information about the bakcground of the counselor, such as the number of clients in the counselor's caseload and the counselor's length of service, be made factors of statistical comparison to the clients' responses.
5. A psychological study of the client, such as his previous job success, views of his own success, and views of the success of his counselor, be made factors of statistical comparison to the clients' responses.

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APPENDICES

APPENDIX A

CLIENT INFORMATION

NAME _____ AGE _____ SEX _____

RACE _____ MARITAL STATUS _____

DISABILITY _____

VOCATIONAL REHABILITATION COUNSELOR _____

BLACKEN IN THE APPROPRIATE CIRCLE IN RESPONSE TO EACH QUESTION.

SAMPLE:

1. Are you satisfied with the type of work that you are doing at the Institute of Human Resources?

1. 0 No 0 Not Enough 0 Yes 0 Very Much

APPENDIX B

QUESTIONNAIRE

1. Do you want to talk to your counselor about your disability?
2. Does your counselor ask you to talk about your disability?
3. Do you tell your counselor about your disability?
4. Are you satisfied with the discussion about your disability?
5. Do you want to talk to your counselor about your personal problems?
6. Does your counselor ask you to talk about your personal problems?
7. Do you tell your counselor about your personal problems?
8. Are you satisfied with the discussion about your personal problems?
9. Do you want to find out what kind of work you can do?
10. Does your counselor ask you what kind of work you want to do?
11. Do you tell your counselor what kind of work you want to do?
12. Are you satisfied with the discussion about what kind of work you can do?
13. Do you want to get a job?
14. Does your counselor ask you if you want to get a job?
15. Do you tell your counselor that you want to get a job?
16. Are you satisfied with the discussion about jobs?
17. Do you want to go to school?
18. Does your counselor ask you if you want to go to school?
19. Do you tell your counselor if you want to go to school?
20. Are you satisfied with the discussion about school?

21. Do you want to get job training?

22. Does your counselor ask you if you want to get job training?

23. Do you tell your counselor if you want to get job training?

24. Are you satisfied with the discussion about job training?

25. Do you want to talk to your counselor if you have problems?

26. Do you arrange to meet with your counselor when you have problems?

27. Does your counselor arrange to talk to you when you have problems?

28. Are you satisfied with being able to meet with your counselor when you need to talk to him about problems?

APPENDIX C

ANSWER SHEET

1.	0	0	0	0	15.	0	0	0	0
	No	Not Enough	Yes	Very Much		No	Not Enough	Yes	Very Much
2.	0	0	0	0	16.	0	0	0	0
	No	Not Enough	Yes	Very Much		No	Not Enough	Yes	Very Much
3.	0	0	0	0	17.	0	0	0	0
	No	Not Enough	Yes	Very Much		No	Not Enough	Yes	Very Much
4.	0	0	0	0	18.	0	0	0	0
	No	Not Enough	Yes	Very Much		No	Not Enough	Yes	Very Much
5.	0	0	0	0	19.	0	0	0	0
	No	Not Enough	Yes	Very Much		No	Not Enough	Yes	Very Much
6.	0	0	0	0	20.	0	0	0	0
	No	Not Enough	Yes	Very Much		No	Not Enough	Yes	Very Much
7.	0	0	0	0	21.	0	0	0	0
	No	Not Enough	Yes	Very Much		No	Not Enough	Yes	Very Much
8.	0	0	0	0	22.	0	0	0	0
	No	Not Enough	Yes	Very Much		No	Not Enough	Yes	Very Much
9.	0	0	0	0	23.	0	0	0	0
	No	Not Enough	Yes	Very Much		No	Not Enough	Yes	Very Much
10.	0	0	0	0	24.	0	0	0	0
	No	Not Enough	Yes	Very Much		No	Not Enough	Yes	Very Much
11.	0	0	0	0	25.	0	0	0	0
	No	Not Enough	Yes	Very Much		No	Not Enough	Yes	Very Much
12.	0	0	0	0	26.	0	0	0	0
	No	Not Enough	Yes	Very Much		No	Not Enough	Yes	Very Much
13.	0	0	0	0	27.	0	0	0	0
	No	Not Enough	Yes	Very Much		No	Not Enough	Yes	Very Much
14.	0	0	0	0	28.	0	0	0	0
	No	Not Enough	Yes	Very Much		No	Not Enough	Yes	Very Much

APPENDIX D

ANSWER SHEET

1.	0	0	0	0	0
	No	Not Enough	Yes	Very Much	Does Not Apply
2.	0	0	0	0	0
	No	Not Enough	Yes	Very Much	Does Not Apply
3.	0	0	0	0	0
	No	Not Enough	Yes	Very Much	Does Not Apply
4.	0	0	0	0	0
	No	Not Enough	Yes	Very Much	Does Not Apply
5.	0	0	0	0	0
	No	Not Enough	Yes	Very Much	Does Not Apply
6.	0	0	0	0	0
	No	Not Enough	Yes	Very Much	Does Not Apply
7.	0	0	0	0	0
	No	Not Enough	Yes	Very Much	Does Not Apply
8.	0	0	0	0	0
	No	Not Enough	Yes	Very Much	Does Not Apply
9.	0	0	0	0	0
	No	Not Enough	Yes	Very Much	Does Not Apply
10.	0	0	0	0	0
	No	Not Enough	Yes	Very Much	Does Not Apply
11.	0	0	0	0	0
	No	Not Enough	Yes	Very Much	Does Not Apply
12.	0	0	0	0	0
	No	Not Enough	Yes	Very Much	Does Not Apply
13.	0	0	0	0	0
	No	Not Enough	Yes	Very Much	Does Not Apply
14.	0	0	0	0	0
	No	Not Enough	Yes	Very Much	Does Not Apply

15.	0 No	0 Not Enough	0 Yes	0 Very Much	0 Does Not Apply
16.	0 No	0 Not Enough	0 Yes	0 Very Much	0 Does Not Apply
17.	0 No	0 Not Enough	0 Yes	0 Very Much	0 Does Not Apply
18.	0 No	0 Not Enough	0 Yes	0 Very Much	0 Does Not Apply
19.	0 No	0 Not Enough	0 Yes	0 Very Much	0 Does Not Apply
20.	0 No	0 Not Enough	0 Yes	0 Very Much	0 Does Not Apply
21.	0 No	0 Not Enough	0 Yes	0 Very Much	0 Does Not Apply
22.	0 No	0 Not Enough	0 Yes	0 Very Much	0 Does Not Apply
23.	0 No	0 Not Enough	0 Yes	0 Very Much	0 Does Not Apply
24.	0 No	0 Not Enough	0 Yes	0 Very Much	0 Does Not Apply
25.	0 No	0 Not Enough	0 Yes	0 Very Much	0 Does Not Apply
26.	0 No	0 Not Enough	0 Yes	0 Very Much	0 Does Not Apply
27.	0 No	0 Not Enough	0 Yes	0 Very Much	0 Does Not Apply
28.	0 No	0 Not Enough	0 Yes	0 Very Much	0 Does Not Apply

VITA

Janie Johnson was born 25 years ago on June 2, 1949 in Atlanta, Georgia. Having been reared in Knoxville, Tennessee, she also attended The University of Tennessee in Knoxville, where she majored in Psychology.

In June of 1972 she received the Bachelor of Arts degree from the University of Tennessee.

After working as a medical illustrator for one year, she enrolled in the graduate program in Rehabilitation Counselor Education at The University of Tennessee. In March of 1975 she received the Master of Science degree with a major in Vocational Rehabilitation Counseling.

Following graduation she became employed as a rehabilitation counselor at Theresa Grotta Center, a skilled nursing facility in West Orange, New Jersey.