

The Rehabilitation Counselor Scale

A New Scale for the Revised Strong Interest Inventory

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The vocational interests of rehabilitation counselors were explored by developing an occupational scale for the *Strong Interest Inventory, Revised Edition* (SII; 2004). A sample of 414 rehabilitation counselors who were satisfied with rehabilitation counseling as their profession completed an experimental version of the SII. Based on these data, the Rehabilitation Counselor Scale (RCS) was developed. In this article, the authors examine data on the characteristics of the scale, differences between males and females on this scale, and differences between privately and publicly employed rehabilitation counselors. Implications for recruitment and selection of new members of the rehabilitation counseling profession are discussed.

Keywords: *career assessment; vocational assessment; rehabilitation counselors professional issues*

Men engaged in a particular profession or occupation have a characteristic set of likes and dislikes that distinguish them from men in other professions. (Strong, 1927, p. 331)

Whatever an interest test measures, whether interests, preferences, values, goals, or what have you, it measures something very stable and permanently possessed and something that contributes to occupational choice. (Strong, 1952, p. 74)

It has been said, "If there is one fundamental assessment instrument to know and understand, the Strong is it." (Prince & Heiser, 2000, p. 5)

Rehabilitation counselor researchers have invested considerable time and effort in attempting to understand the core skills and functions of rehabilitation counselors (Chan et al., 2003; Leahy, Chan, & Saunders, 2003). This research has spanned many years and has been crucial in helping solidify the argument that rehabilitation counseling has evolved from a skilled occupation into a true profession. Research in vocational psychology suggests that

equally important to understanding a profession is understanding the characteristics of individuals who are satisfied working in that profession (Donnay, 1997). This research shows that it is possible to study and describe the unique preferences that characterize individuals who are satisfied with an occupation. Furthermore, this research suggests that once this profile of preferences, or interests, is established, it can be used to help identify new individuals who will find the occupation satisfying. Little is known about the interest patterns of rehabilitation counselors, and for a field that is constantly struggling to establish a national identity and recruit new members, this lack of information is a crucial issue. The research reported in this article attempted to address this lack of

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specific occupational information by developing a rehabilitation counselor occupational scale (OS) for the *Strong Interest Inventory, Revised Edition* (SII; 2004).

The study of vocational interests can be traced back to the work of Parsons (1909), Strong (1927), and Kuder (1946). In particular, Strong's empirical method of contrasted groups is the basis for the *Strong Interest Inventory*, as well as the *Minnesota Multiphasic Personality Inventory* (MMPI; 1989). The *Strong Interest Inventory* in its several revised forms is the most widely used tool for identifying interests in the history of career assessment (Harmon, Hansen, Borgen, & Hammer, 1994). Strong's work is based on the assumptions that (a) people working in, and satisfied with, a given occupation generally report a similar pattern of likes and dislikes in both vocational and avocational activities; (b) this pattern is distinguishable from people in general; and (c) individuals who possess an interest pattern similar to that of the members of an occupational group are likely that find that occupation satisfying. The premise of the research reported in this article is that an empirical contrasted groups scale developed for the profession of rehabilitation counseling will provide useful information about the profession and can be a useful tool for both recruitment and selection.

Researching Interest Patterns

The empirical method of scale construction used to develop the OSs on the *Strong Vocational Interest Blank* (SVIB; Strong, 1927) and later versions of the test works by comparing the responses of the members of an occupation with those of a general sample of employed adults to determine which items differentiate between the two samples (Donnay, Morris, Schaubhut, & Thompson, 2004). For example, if most individuals in an occupational group respond "strongly like" or "like" to a particular item, such as "crisis counseling for distressed individuals," but most people in the general sample respond "strongly dislike" or "dislike" to the item, then the item is said to differentiate members of the occupational group from the general population of employed individuals. By administering a large sample of items both to individuals in the occupational group of interest and to the general reference sample, it is possible to develop a group of items that differentiate the members of the occupation from the general reference group, and these items then become the OS. This approach to developing tests has been referred to as *empirical criterion keying*. These OSs are statistically powerful and for more than 40 years were the only scales on the *Strong Inventory* (Dik & Hansen, 2004). The 1994 version of the inventory, the *Strong Interest Inventory* (Harmon

et al., 1994), provided information on a large number of occupations, but rehabilitation counselor did not appear on the inventory. Although it was possible to generalize from other intuitively related social service occupations concerning rehabilitation counseling, the 1994 version did not provide a rehabilitation scale and so did not provide specific information addressing issues of the interest pattern of satisfied rehabilitation counselors.

Researching Rehabilitation Counselors' Interests

Only limited research exists concerning the interest patterns of rehabilitation counselors. Eddy (1960) developed an experimental Rehabilitation Counselor Scale for a revised version of the SVIB (Strong, 1951), which was an earlier version of the SII. Although this Rehabilitation Counselor Scale never became part the SVIB, results of this study indicated that (a) rehabilitation counselors had a distinctive pattern of interests, (b) men and women rehabilitation counselors did not differ significantly from each other on the experimental scale, and (c) scores on the scale differed on the basis of experience but not age. Patterson (1962) administered the SVIB for Men and the SVIB for Women to students enrolled in rehabilitation counseling training programs. Patterson reported that rehabilitation counseling students showed interests in the helping, social welfare, and or psychological professions, as well as personnel administration.

Another source of information relating to rehabilitation counselors' interest patterns can be found in the *Dictionary of Holland Occupational Codes* (Gottfredson & Holland, 1996). This reference book is based on Holland's occupational classification system (Holland, 1959, 1965, 1973). The Holland classification uses six main categories—Realistic, Investigative, Artistic, Social, Enterprising, and Conventional—to characterize occupations. These categories are used to form three-letter subgroups that are useful in assessing the degree of congruence between a person's interests or preferences and any of thousands of occupations. The *Dictionary of Holland Occupational Codes* reported the results of a multiple discriminant analysis of data from the *Dictionary of Occupational Titles* (U.S. Department of Labor, 1991) and indicated that the three-letter occupational Holland codes for female and male rehabilitation counseling were Social-Enterprising-Conventional (SEC) and Enterprising-Social-Realistic (ESR), respectively. However, these codes have not been established empirically with a national sample of rehabilitation counselors and so remain open to empirical validation.

Given the lack of research on the interest patterns of rehabilitation counselors and the importance of vocational

interests in identifying individuals who have interests consistent with satisfied rehabilitation counselors, we asked a number of research questions. To address these questions, we participated in the renorming of the SII. The data for this study was collected by the first three authors and submitted to Consulting Psychology Press (CPP), Inc., for analysis and possible inclusion on the newly revised 2004 SII.

Research Questions

We began our investigation with the following question:

1. Do rehabilitation counselors have a characteristic pattern of interests that differentiates them from people in general?

Assuming a positive answer to the first question, the following questions will be addressed based on the resulting *Rehabilitation Counselor Scale* (RCS):

2. Will the RCS possess appropriate measurement qualities?
3. Will the RCS produce different comparative data for female and male rehabilitation counselors?
4. Will age, experience, and job setting (private versus public) influence scores on the RCS?

Method

Participants

Participants were initially drawn from a national, random sample of 3,000 (1,500 men and 1,500 women) certified rehabilitation counselors (CRCs) generated from the Commission on Rehabilitation Counseling Certification database. The CRC database is made up of approximately 15,000 CRCs. The proportion of women and men in this larger sample is approximately 70% women to 30% men. These 3,000 CRCs were then sent a screening questionnaire to determine their eligibility and willingness to participate in the research. Of this group, 941 individuals returned the screening questionnaire. Of these respondents, 628 were found to meet all screening criteria and were subsequently mailed a 361-item research version of the SII and a stamped envelope in which to return their completed test. Of these individuals, 414 returned completed SIIs and were included in the study. The completed profiles were then forwarded to Consulting Psychology Press (CPP) for scoring. After scoring, these data were returned to the investigators, along with summary profiles for each of the respondents.

The average age of the participants included in this study was 45 years, with a range of 24 to 80 ($SD = 8.88$). A total of 67.9% ($n = 281$) were women and 32.1% ($n = 133$) were men. A vast majority of the participants held a master's degree (87.2%, $n = 360$), and a small number indicated they had either a bachelor's degree (6.4%, $n = 28$) or a doctoral or professional degree (4.2%, $n = 18$). As a group, the participants indicated satisfaction with their work and responded they had been employed as a rehabilitation counselor for an average of 14.65 years ($SD = 7.75$). The ethnic makeup of the group was as follows: Caucasian, 89.1%; biracial, 4.1%; African American, 2.7%; Hawaiian, 1.4%; Asian, 0.7%; and no response, 0.5%.

Participants were treated in accordance with the *Code of Professional Ethics for Rehabilitation Counselors* (Commission on Rehabilitation Counselor Certification, 2001). To protect the confidentiality of participants, we took the following steps: (a) all participants were required to complete an informed consent; (b) data analyses were done at the group level as opposed to individual level; (c) no identifying information, other than demographic data (i.e., age, gender, race, years of experience, type of degree, type of employment, and degree of satisfaction with their profession), was kept; and (d) all participants were informed that they were free to withdraw from the study at any time.

Instruments

To generate an appropriate sample size of male and female rehabilitation counselors, the initial sample was mailed a screening questionnaire and a self-addressed stamped envelope. This letter explained the nature of the study and asked those interested in participating to return the questionnaire. Those returning the questionnaire were reviewed to determine if they met the following basic screening criteria (as used in the SII development): (a) must be practicing rehabilitation counseling in a typical fashion, (b) must have worked for at least 3 years in their occupation of rehabilitation counseling, and (c) must be satisfied with their position as a rehabilitation counselor.

Respondents who met the screening criteria were then mailed a 361-item research version of the SII and a stamped envelope in which to return their completed test. Completed tests were sent to CPP for scoring. After the individual profiles were returned from the scoring service, participants were sent a copy of their profile in return for their participation.

Once the data were collected on the sample of rehabilitation counselors, the next step was to determine which items differentiated rehabilitation counselors from the general representative sample (GRS). For the RCS, items were

Table 1
Basic Scale Characteristics for the Rehabilitation Counselor Scale by Gender

	Number of Items	Minimum Possible Score	Maximum Possible Score	Test-Retest Reliability
Female	38	-9	63	.80
Male	41	-6	70	.84

selected that had a 19% difference in the “like” and “dislike” response rate between the rehabilitation counselor sample and the GRS. Next, to generate scores, weights were assigned to the each of the “like” and “dislike” responses (for this process, “strongly like” and “like” were combined into one category and “strongly dislike” and “dislike” were combined into one category). For example, for the item “crisis counseling for distressed individuals” a “like” response would be scored +1 and a “dislike” response would be scored -1. Similarly, some items on the scale were weighted in the opposite direction. For example, “managing a computer database” would have the reverse weighting, with “like” weighted -1 and “dislike” weighted +1. In addition, in some cases a response of “indifferent” would be weighted, but only if there was a large difference between the rehabilitation counselor sample and the GRS. Given this plus-and-minus weighting system, it is possible for individuals to obtain scores less than 0 if they answer most scale items in the negatively weighted direction.

Once all possible responses were examined and weighted using this procedure, it was then possible to generate raw score means for both male and female rehabilitation counselors. These raw scores are then converted into standard scores with a mean of 50 and a standard deviation of 10. Each new test-taker’s scores are similarly converted to standard scores for comparison purposes.

Results

Basic RCS Characteristics

The result of this research was the development of an RCS for the newly revised SII (2004). As with all other occupations on the SII, separate scales are developed for men and women. Data regarding the basic characteristics of the RCS are presented in Table 1.

Because of the scale construction approach discussed earlier, the number of items on the RCSs for men and women, as well as the minimum and maximum scores for each scale, are different. High scores reflect similarity to rehabilitation counselors, and low scores reflect dissimilarity.

All items are answered on a 5-point scale from *strongly like* to *strongly dislike*. Sample items include the following:

- Working in a program for the disadvantaged
- Crisis counseling for distressed individuals
- Aggressive people
- Managing a computer database

Results addressing each of the research questions are presented below.

Research Question 1

Do rehabilitation counselors have a characteristic pattern of interests that can be differentiated from the interests of people in general? In addressing this question, research on the SII has traditionally contrasted groups by examining the percentage of overlap between the general representative sample (GRS) and the specific occupational group of interest (i.e., rehabilitation counselor) on the scale developed for that group (i.e., RCS).

The GRS is a broad sampling of working adults collected via the Internet. This group is made up of 1,125 women and 1,125 men who took the experimental version of the SII. The less overlap on the responses of the GRS and RC sample to each item, the more the scale discriminates between the occupational group and the comparison sample. This degree of overlap can be expressed in several ways, including a percentile score and Cohen’s *d*, a commonly used effect size of standardized mean differences (Cohen, 1988). The median percentage overlap for all occupational scales on the SII is approximately 44%. The corresponding Cohen’s *d* is 1.51, which indicates that the means for the scales separated the occupational samples from the comparison sample by slightly more than 1.5 standard deviations on average. The range for the degree of overlap is 17% for male medical illustrator and 61% (approximate) for male credit manager and female administrative assistant. The percentage overlap for male rehabilitation counselor was 42% ($d = 1.62$) and for female rehabilitation counselor was 47% ($d = 1.44$) (Donnay et al., 2004). Both sets of scores are well within the middle of

the range for all of the occupations scales (OSs) on the SII. Based on these results, it seems clear that the answer to the first research question is “yes.”

Research Question 2

Will the RCS possess appropriate measurement qualities? Two indicators were examined to assess this variable. First, the test–retest reliability of the scales was assessed with a sample of 109 women and 65 men with a time frame of 2 to 23 months (the same time frame used for the test–retest reliability on all SII OSs). The mean reliability coefficient for all the OSs was .86, with a range from .71 to .93. The coefficients for the male and female RCSs were .80 and .84, respectively. These scores are well within the range for OSs on the newly revised SII and indicate reasonable scale test–retest reliability. In addition, to assess the validity of the scale for making inferences about an individual’s likelihood of finding rehabilitation counseling a satisfying career, we examined the Q statistic, as discussed above. Scales with a high degree of separation between the occupational sample and the GRS are considered to have the highest degree of concurrent validity. The Q statistics for all of the occupations on the SII ranges between 2.74 (medical illustrator) and 1.00 (credit manager), with a median of 1.53, for men; and between 2.72 (athletic trainer) and 1.00 (administrative assistant), with a median of 1.53, for women. As shown in Table 1, the Q statistic for the male RCS is 1.62 and for the female RCS is 1.44. Both of these scores show an approximate standard deviation from the mean of the GRS of 1.5, indicating that the scales have good concurrent validity. Thus, the answer to the question of scale measurement qualities is that it does appear to have adequate test–retest reliability and concurrent validity.

We feel that it is also important to note here that all the OSs on the SII rest on an extensive research base that has examined the test over the years. Although this research base has not directly examined the RCS, or any of the scales on the new revision of the SII for that matter, this history of research supporting the validity of scales constructed in the manner described in this article should give the reader, and test user, more confidence in the validity of the RCS. Research described in the SII manual indicates that the level of predictive accuracy for the OSs (i.e., individuals eventually entering an occupation that they tested high or moderate on when taking the SII) “appears to be about 65%” (Donnay et al., 2004, p. 130).

Research Question 3

Will the RCS produce different comparative data for female and male rehabilitation counselors? The answer

to this question is mixed. Although there are several small differences between the male and female counselor scales, the scales are also quite similar. For example, the male and female RCSs have slightly different numbers of items and small differences in scale test–retest reliabilities. However, the correlation between the male and female RCSs is very high in the GRS, with a correlation of .95. This correlation is quite high compared to the median correlation on the all of the SII OSs for the GRS of .86 and is also within the range of correlations for the other OSs: .98 (school counselor) to .38 (retail sales representative). The answer to the question of differences in the male and female scales is that the scales have some slight differences, but in general they are quite similar.

Research Question 4

Will age, experience, and job setting (private versus public) influence scores on the RCS? To address this question, we examined the correlation between age and experience on the RCSs for men and women. The correlation between these variables and same-gender RCS score were very low and nonsignificant. For age, the correlation for men was $-.067$, and for women the correlation was $-.042$. Similarly for experience, the same-gender correlations were very low and nonsignificant (men, $-.021$; women, $-.023$). Finally, we computed an analysis of variance (ANOVA) to test whether there are differences between individuals in private and public rehabilitation counselor work settings on the scale. The results of the ANOVA, $F(1376) = 11.102$, $p = .001$, $\chi^2 = .03$, are statistically significant. However, an examination of the means for the two groups, private (48.09) and public (51.54), and the effect size for this analysis, suggest that although these differences are significant (at least in part due to the large sample size in this research), they may not have practical or clinical significance.

Discussion

In this article, we describe the development of an OS for the profession of rehabilitation counseling. The following discussion provides important answers to the research questions posed in this article. Each question will be discussed separately, followed by implications for research and education/training.

Question 1

The resulting OS for rehabilitation counselor, which is now part of the newly revised SII, is important for a number of reasons. Research Question 1 asked if it was

possible to discriminate the interests of rehabilitation counselors from people in general. Our results suggest that rehabilitation counselors do have a distinctive pattern of interests. We argue, based on the extensive work by Strong and many others who followed in his research, that rehabilitation counseling is a distinct profession because of its identifiable and distinctive pattern of interests. It is important to note, however, that we were not able to develop correlations between the RCS and the other helping professions on the SII, and so the extent to which the interests of rehabilitation counselors are different from groups like school counselors and social worker is not known. What we do know at this point suggests there are many similarities, but also some differences. For example, in a companion article in this issue, Leierer, Blackwell, Strohmer, Thompson, and Donnay (2008) report that social work is a top-10 occupational match for the prototypical female rehabilitation counselor, but not for the prototypical male rehabilitation counselor. For the prototypical male rehabilitation counselor, school counselor is a top-10 occupational match, but it is not a match for the female rehabilitation counselor.

Very much like the other occupations assessed on the SII (e.g., engineer, physician, social worker), rehabilitation counseling is made up of a rather homogeneous group of individuals who tend to prefer the same types of activities, both vocational and avocational. Along this same line, a problem frequently described for interest tests, and in particular tests developed by the contrasted-groups approach, is that they are most useful for well-defined occupations, frequently in the professional, technical area. Although this issue is somewhat troublesome regarding the use of interest tests, it again highlights the fact that rehabilitation counseling is a distinct profession. These findings, along with the work examining the core skills and functions of rehabilitation counselors, help describe and define the profession of rehabilitation counseling. In addition, as we will discuss later, this information will be helpful for identifying and recruiting those individuals who are more likely to enjoy rehabilitation counseling and find the work of the rehabilitation counselor satisfying.

Question 2

Research Question 2 asked, "Will the RCS possess appropriate measurement qualities?" The results reported here suggest that the answer to this question is also "yes." Both the test-retest data and the concurrent validity data are strong. In addition, the SII is based on some 80 years of research, and although only limited

data are currently available on the RCS, it was developed in the tradition of the SII, and the statistics available are well within the normal range for scales on this instrument. It seems reasonable to conclude that the SII RCS possesses the same sound measurement qualities as the other components of the test.

Question 3

Research Question 3 asked, "Will the RCS be different for female and male rehabilitation counselors?" Our results suggest only small differences between the male and female scales. It is interesting to note that the highest correlation between male and female OS scales on the SII is another counseling profession: Male and female school counselor scales correlate at .98. The male and female RCSs, with a correlation of .95, are almost as closely related. In this regard, Donnay and colleagues (2004) reported that "as a practical matter an individual's opposite-gender scores tend to be quite similar to their same-gender scores" (p. 105). Also, this finding is quite consistent with the results reported in Leierer and colleagues (2008) that suggest that the prototypical male and female counselor are remarkably similar at a general level, but do show some differences when examined in detail.

Question 4

Research Question 4 asked, "Will age, experience, and job setting (private versus public) influence scores on the RCS?" Our results showed no relationship between age or experience and scores on the RCS. However, the type of job setting did have a significant effect. Public setting counselors scored higher on the scale than private setting rehabilitation counselors. Although statistically significant, we would argue that these differences are not particularly meaningful. Both groups of counselors scored high on the scale and were within 3 points of one another on the scale. Furthermore, the effect size of .03 is very small.

Implications for Rehabilitation Counseling

The primary implication of these findings is support for the concept that the profession of rehabilitation counseling is a well-defined occupation whose members possess interest patterns that are distinctly different from people in general. That is, rehabilitation counseling is likely not a sound occupational choice for people who do not attain similar to very similar scores to the norms for the RCS.

These results add to the growing literature about the professional identity, training needs, and roles and functions of

rehabilitation counselors. In 1968, C. H. Patterson asked if rehabilitation counseling was a trade or a profession, and the profession has spent years trying to answer his question. We suggest that our results provide further evidence for the idea that rehabilitation counseling is indeed an occupation that has evolved into a distinct profession.

Furthermore, these results, and the scale developed, should help with identifying and recruiting new rehabilitation counselors. The SII RCS will allow individuals to compare their own pattern of interests to the relatively unique pattern of interests of satisfied rehabilitation counselors. Almost 80 years of research suggests that a strong match of an individual's interests with those of an occupational group is predictive of satisfaction with that occupation. The new SII RCS allows test-takers, for the first time, to compare their interests with those of satisfied rehabilitation counselors. Those individuals who match this pattern closely can be encouraged to learn more about the occupation as one that they will find satisfying. This is important both from the perspective of the individual's choice and the profession. The SII is one of the mostly widely used test instruments worldwide; as a result, rehabilitation counseling appearing on the test will be a major enhancement of the profession's visibility. It seems likely that many career guidance counselors and clients will need to discuss "what a rehabilitation counselor is." In addition, having this information in hand should allow other individuals to carefully examine their fit with rehabilitation counseling before committing to an educational program.

Limitations

The SII RCS is based on a strong foundation from the vocational literature. Even with this foundation, the scale has limitations. Foremost is the nature of the sample. First, the ratio of women to men is different (twice as many women as men participated in this study), and this may reflect what seems to be a gender trend in the field. In addition, this ratio is also consistent with the response rate found in most of the other occupational scales developed for the SII. Women as a group have historically tended to be more likely to respond to the request to be part of the norm group for their occupation (CPP, personal communication, 2007). Second, the sample only includes individuals who possess a CRC credential. This eliminates individuals who because of the nature of their jobs do not require a CRC. However, the field of rehabilitation counseling has in large part defined itself by the CRC credential, so this limitation seems acceptable. Furthermore, the validity data are very limited. Other than the validity provided by the contrasted-groups test

construction approach (i.e., building the scale based only on those items that differentiate satisfied rehabilitation counselors from people in general), there is no other validity data. However, because the scale is new and is based on a strong research tradition, we would argue that this is a good start. Furthermore, as noted earlier, there is a strong base of validity data for the SII in general, and the RCS as part of the SII benefits from this as well.

Future Research Directions

One clear direction would be to follow up on the difference in interest patterns of individuals in difference arenas of rehabilitation counseling. Although gender and age do not seem to affect scores on the RCS, type of setting did have an effect. Although we argue that this effect is small and perhaps not practically significant, it may be that a more refined look would find more meaningful, systematic differences.

It may also be useful to continue to look at the various counseling professions. It would be useful to know what differences there are in the interest profiles of school, rehabilitation, and mental health counselors.

Finally, long-term follow-up of test takers to determine the predictive validity of the scale would be useful. Testing individuals as they enter rehabilitation counseling training and then following their career entry and later satisfaction would provide useful information.

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