

2017

## A Problem-Based Learning Case Study in Rehabilitation Counselor Education

Stacia Carone

*Indiana University of Pennsylvania - Main Campus, scarone@iup.edu*

Follow this and additional works at: <https://repository.wcsu.edu/jcps>



Part of the [Counselor Education Commons](#), and the [Higher Education Commons](#)

---

### Recommended Citation

Carone, S. (2018). A Problem-Based Learning Case Study in Rehabilitation Counselor Education. *The Journal of Counselor Preparation and Supervision*, 10(1). Retrieved from <https://repository.wcsu.edu/jcps/vol10/iss1/3>

This Counselor Education Teaching Idea is brought to you for free and open access by WestCollections: digitalcommons@wcsu. It has been accepted for inclusion in The Journal of Counselor Preparation and Supervision by an authorized editor of WestCollections: digitalcommons@wcsu. For more information, please contact [ir@wcsu.edu](mailto:ir@wcsu.edu).

---

# A Problem-Based Learning Case Study in Rehabilitation Counselor Education

## **Abstract**

A Problem-Based Learning (PBL) strategy utilized in Career Counseling and Selective Placement courses is described. Support for using PBL in rehabilitation counseling and counselor education courses is provided and encouragement for instructors sharing case studies and processes relevant to PBL is emphasized.

## **Author's Notes**

The author is currently an Assistant Professor in the Department of Counseling at Indiana University of Pennsylvania and former Assistant Clinical Professor in the Department of Rehabilitation Counseling and Psychology at the University of North Carolina at Chapel Hill.

## **Keywords**

problem-based learning, rehabilitation and counselor education teaching strategies

## **A Problem-Based Learning Case Study in Rehabilitation Counselor Education**

Problem-Based Learning (PBL) is an experiential, instructional method used in post-secondary professional academic programs to provide students with a mechanism for translating knowledge to applied settings (Barrows, 1998). It is designed to stimulate students' critical reasoning and problem-solving skills as they work together in small groups to apply knowledge to particular cases with minimal didactic teaching by the instructor (Stewart, 1998).

### **PBL Process and Description**

Based on various PBL strategies used in professional education programs, general models of PBL have been described where students are active participants in the learning process (Barrows, 1998; Crimando et al., 2001; Stewart, 1998). The faculty instructor does not lecture, but acts as a guide in the PBL groups. As an expert resource, the faculty instructor also can provide feedback to the groups regarding content or process (Albanese & Mitchell, 1993; Norman & Schmidt, 1992; Wilkerson & Feletti, 1998). If there are many student groups, a tutor may be used in addition to the faculty member to facilitate the group process and provide information related to the case (Woods et al, 1996). In addition, a student may be assigned in each group as a facilitator who guides the group process and maintains its focus.

While in groups, students are presented with an in-depth description of a consumer case including presenting concerns and background along with questions to address regarding the case. In rehabilitation counseling, the case could be a consumer who presents with various medical, psychological, and social concerns and the questions would be designed to facilitate knowledge acquisition and application to the issues of the case. The case may be presented in written form, or an actor may play a consumer for the group to interview. It also may be presented in sections chronologically, so the students experience how the consumer changes over

time. Questions between each transition in the consumer's life may be inserted for students groups to address before proceeding to the next life sequence. The faculty instructor chooses or constructs a case that is complex enough to engage students in finding information pertinent to the specific course objectives. For instance, a case used in a career development course in a rehabilitation counseling program might describe a consumer with a long work history who incurs a physical disability. Students would have to understand the physical disability and impact on the consumer's functional capacity, family, and job skills. Students would also need to consider financial, familial, environmental, and psychological issues as they develop a career development or individualized plan for employment for the individual. To ensure a collaborative treatment approach, the instructor would encourage students to indicate ways they would involve the consumer in fact-finding, decision-making and problem-solving.

The students work together to identify facts they know about the case, develop hypotheses about the case, identify learning needs, solve learning needs, and present findings from homework assignments to the group. The group process may take 1-2 hours per week during class time while students research information and identify areas to be researched via homework. This could be dubbed, "fact-finding". Outside of class, students research homework assignments they identified during group meetings and report and integrate their findings at the next meeting. This process continues until the group can answer all of the questions in the case study and develop a plan for the consumer that is comprehensive and theoretically sound. In some cases, the information may be compiled into a formal report that is submitted to the instructor or it may presented to the class verbally.

PBL may be modified for the specific curriculum or course in which is it being used.

Through this interactive process, students are able to expand their knowledge and apply theory to practice (O'Neil, 1998). Educators could decrease the amount of time spent constructing PBL case studies if they share them in the literature. Sharing such information may also promote the use of PBL in rehabilitation and other counselor training programs.

PBL has been found to be as effective as other teaching strategies in acquisition of factual knowledge and problem-based learning students have shown superior clinical application skills when compared to students taught by traditional methods (Vernon & Blake, 1993). It has been found to improve problem-solving, critical reasoning, and long-term retention better than traditional methods alone (Arambula-Greenfield, 1996). Through the PBL process, students become intrinsically motivated to learn (Wilkerson & Feletti, 1989). Since students are active group participants, PBL promotes gender and ethnic equality (Barba, 2005; Rosser & Kelly, 1994) and helps students develop self-regulatory and research skills that they can apply throughout their careers (Walton & Matthews, 1989). Overall, PBL has been found to be effective in professional education programs to optimize students' ability to apply theory to practice.

Since PBL was originally designed to replace entire curriculums or courses, critics of PBL have said that it is too difficult to cover the necessary material in a course or curriculum by using PBL as the only teaching strategy (West, 1992). Therefore, it has been suggested that PBL be used in conjunction with other traditional teaching methods so that specific course material can be covered through traditional methods. Students would acquire basic knowledge through traditional methods so that they can apply such knowledge to the PBL cases (West, 1992).

Educators have been using PBL as an instructional method in totality or as part of curriculums in professional training and academic settings for over 30 years and related research emerged in the 1980's (Colby, Almy & Zubkoff, 1986). Reports of its use have been found in areas such as psychiatry (Zisook, Benjamin, Balon, Glick, Louie, Moutier, Moyer, & Santos, 2005), dentistry (ONeil, 1998), medicine (Vernon & Blake, 1993), pharmacy (Woods, Hall, Eyles, Hrymak, & Duncan-Hewitt, 1996), business (Stinson & Miller, 1996), and rehabilitation counseling (Alston & Lenhoff, 1995; Carone & Burker, 2006; Crimando, Killian, & Blankenship, 2001). The longstanding use of PBL in professional education programs supports further application and research of its use.

### **Using PBL in Clinical Rehabilitation Counselor Education and Counselor Education Courses**

With the accreditation agreement (CORE, 2014) between the Council for Rehabilitation Education (CORE) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) for the Clinical Rehabilitation Counselor credential in Counselor Education and Rehabilitation Counselor Education programs, it is timely to address strategies for teaching rehabilitation counseling concepts. The training of master's level clinical rehabilitation counselors includes both didactic and practical application components (CACREP & CORE, 2014). Coursework becomes more advanced as students matriculate through the program. Students typically take introductory courses that cover the foundations and theories used in rehabilitation counseling, move into more advanced courses such as appraisal of individuals with disabilities and finish the program with practical experiences such as practicum and internship. Students are required to acquire knowledge pertinent to the field of rehabilitation counseling and use that knowledge as rehabilitation counselors in working with persons with disabilities (CORE,

2014). In order for them to apply content, students must be critical thinkers, problem-solvers and must be able to apply knowledge throughout their careers. PBL is superior to other teaching methods in promoting these skills (Vernon & Blake, 1993).

### **Purpose of this Project**

Clinical rehabilitation counselor educators (CORE & CACREP, 2014) may benefit from using PBL as an instructional method since their programs emphasize application of theory to practice. Despite its success in other professional areas, little has been found in the counselor education literature regarding the use of PBL and its effectiveness. Only three studies were found that reported the use of PBL in rehabilitation counselor training (Alston & Lenhoff, 1995; Carone & Burker, 2006; Crimando et al., 2001), and one supporting the use of PBL in counselor education (Stewart, 1998).

The purpose of this manuscript is to describe and share a PBL case study and activity designed by the author that was used in master's program career development courses in rehabilitation counselor education. The use of active learning strategies such as PBL is encouraged. The author hopes rehabilitation counselor educators and counselor educators will adapt and edit the case study and PBL process for use in their own courses.

### **Methods**

A case study for the career counseling and selective placement course in a master's of rehabilitation, CORE-accredited program was developed by the author. The fictitious case study was constructed to include as many CORE (2005) objectives in the Career Development area as possible and integrated objectives from the Medical and Psychological Aspects and other content areas. At transitional points in the consumer's life, specific questions were inserted for students groups to address to stimulate further fact-finding and student learning. Acronym meanings,

citations, and diagnostic descriptions were purposefully omitted so students would have to investigate the information themselves. See Appendix A for the case study and accompanying questions designed by the author. See Table 1 for combined CORE and CACREP (2014) objectives for Clinical Rehabilitation Counseling curriculum by the case study and PBL process.

In the rehabilitation counseling curriculum where the case study was used, the 22 course-enrolled students had previously taken at least three courses in the program, including Foundations of Rehabilitation Counseling and Medical and Psychological Aspects of Disability and were current master's students in the program. Students were enrolled in one of two sections taught by the same instructor. Since the purpose of this paper is to describe a PBL case study and process, no other demographic data was collected and only course enrollment and anonymous information from instructor course evaluations were reported.

### **Procedure**

Fourteen enrolled students were placed in groups of 4-5 with an identified scribe to document group process, findings, and topics they need to research. Each group also identified a group leader to help keep the group discussion on task. The course instructor circulated through the groups to address questions and help guide the process. A computer, textbooks and various resources were accessible to the students during class time. They identified various professional roles that might be involved with the case and were instructed to operate in those roles as part of the multidisciplinary teams. They researched the roles and were responsible for providing the group with information specific to such roles and relevant to the case. Students were asked to read and discuss the case study, but were not to proceed to subsequent pages until they had researched the questions and agreed upon the answers on the current page. This process would help them address the case chronologically during a specific time period of the consumer's life.



Groups assigned homework to team members to research concepts they could not address in class. The groups documented their responses to questions at the end of each page of the case study and generated their own questions to help facilitate progression through the presenting concerns. The process continued until all questions were addressed on each page of the case study. Upon completing the case study each group generated a report of their process, findings, and career development plan for the consumer and presented it to the class. Each group met for about 1 ½ hours of class time for 5 classes. The remaining class time was used to discuss the group process and for the instructor to provide students with didactic course information using more traditional teaching strategies.

### **Outcome**

Although empirical data needs to be collected to determine the effectiveness of this particular PBL strategy, it appeared to be quite helpful for student development in not only the career development class in which they were enrolled, but through integration of information from other rehabilitation counseling courses. Students were actively engaged in the process and provided positive feedback regarding the activity. Instructor course evaluations showed a strong preference of students toward the PBL activity and 100% of students agreed or strongly agreed that PBL helped them apply academic knowledge and skills practically and improved their ability to perform critical reasoning in rehabilitation counseling. Eighty-six percent of students agreed or strongly agreed that PBL is more helpful to their learning than traditional lecture/exam methods. Students commented that they liked the variety of resources, learned applied material from the PBL case study that went beyond the textbook, and enjoyed active participation in their learning. Specific comments included, “it gives the student a realistic-real-world approach” and “learning is doing so PBL is an excellent approach.” Eleven of 14 students gave positive

qualitative statements endorsing PBL as a helpful strategy. Three negative qualitative comments centered on group size and magnitude of the assignment; facets that can be easily addressed in future applications.

### **Discussion**

This type of case study and PBL process could be used in other courses in rehabilitation counselor education and counselor education courses such as Medical and Psychological Aspects of Disability, Diagnosis, Assessment, Diversity, Ethics, and Practicum courses. Problem-based learning case studies should require students to apply information from a variety of courses so they are able to synthesize material in meaningful ways throughout the curriculum (Barrow, 1998). Such critical thinking is imperative for counselor development. Even if they have not yet had significant course work regarding some of the case study topics, finding the information themselves with instructor support can be very valuable in helping them learn how to research and apply information (Vernon & Blake, 1993). Consequently, as they research topics, they also find information unnecessary for the case but helpful in other case scenarios and courses.

Applying theory and information to practice are important aspects of rehabilitation and counselor education. CACREP (2014) and CORE (2014) both require programs to show how students demonstrate their knowledge base with consumers. PBL can be used to partially fulfill these requirements and improve counselors' ability to work with consumers directly (Vernon & Blake, 1993). Future research will be necessary to determine direct effects of PBL on consumer services. Support for PBL has been found in the literature to replace or supplement curriculums (O'Neil, 1998; Stinson & Miller, 2005; Vernon & Blake, 1993; Woods et al, 1996; Zisook et al.). The review of the literature however, did not yield information regarding case study development or examples of case studies in rehabilitation or counselor education, therefore the

case study described (Appendix A) may be used by rehabilitation and counselor educators to develop their own case studies or modify the one described.

### **Limitations**

When considering use of PBL case studies, counselor educators should be aware of several limitations. Difficulty and hesitation in assessing student knowledge after participation in PBL case studies have been reported (O'Neil, 1998). Grading and assessing the outcomes of case study assignments can be subjective and the information learned may vary by student group (O'Neil, 1998). The use of grading rubrics, clearly outlined instructions, and well-constructed case studies may decrease the subjectivity of grading (O'Neil, 1998). Future research will need to address actual learning outcomes through the use of structured examination, evaluation of cases by essay examination, computer-based simulations, quantitative exams or oral exams (Colby, Almy, & Kubkoff, 1986; O'Neill, 1998). Another limitation of using this type of instructional strategy is the time needed to design applicable case studies (O'Neil, 1998) which is why it will be important for educators to share cases they develop. Inquiry into design and assessment of PBL case studies will be important facets of the literature to further support their use.

### **Conclusion**

Sharing educational strategies and creative ways in which we implement them is an important part of faculty development as counselor educators. The case study and procedure described here may be modified to fit various courses in rehabilitation counseling and counselor education. Rehabilitation and counselor educators are encouraged to share PBL strategies and cases so we may build our repertoires of teaching strategies. Developing such strategies and case studies can be tedious and time-consuming so sharing them is an important way to increase our

teaching toolboxes and optimize student application of theory to practice. Representation of such strategies in the literature will continue to support their legitimacy. Research on PBL in clinical rehabilitation and counselor education will need to be conducted to identify its effectiveness in specific areas. Various PBL strategies and processes will also need to be researched to identify those most effective.

PBL has been reported as an effective strategy by professional education programs in helping students practically apply academic content with the ultimate goal of improving services to consumers (O'Neil, 1998; Stinson & Miller, 2005; Vernon & Blake, 1993; Woods et al, 1996; Zisook et al.). Three studies in rehabilitation counselor education (Alston & Lenhoff, 1995; Carone & Burker, 2006; Crimando, Killian, & Blankenship, 2001) support the use of PBL however research regarding the effect of its use on services to consumers will need to be conducted. With improved application of knowledge to applied settings and increased practice researching strategies and information, the hope is that students trained using PBL will be comfortable working with real consumers and provide evidence-based and sound services to them.

Endorsement of PBL in clinical rehabilitation and counselor education requires more representation in the literature so educators can learn from each other regarding various ways they implement PBL, case studies they are using, and how they are evaluating its effectiveness on student learning and services to consumers. Research from PBL use in rehabilitation education may help educators implement innovative and interactive strategies while promoting active learning by students and enhanced application of theory to practice with the ultimate goal of improved services to consumers.

## References

- Albanese, M. & Mitchell, S. (1993). Problem-based learning: a review of literature on its outcomes and implementation issues. *Academic Medicine*, 68, 52-81. doi: 10.1097/000018880199301000-00012
- Alston, R. & Lenhoff, K. (1995). Problem-based learning in rehabilitation education. *Rehabilitation Education*, 9, 265-273. Retrieved from <https://ncre.org/>
- Arambula-Greenfield, T. (1996). Implementing problem-based learning in a college science class. *Journal of College Science Teaching*, 26, 26-30. Retrieved from <http://www.nsta.org/college/>
- Barba, R. H. (1995). *Science in the multicultural classroom: A guide to teaching and learning*. Boston: Allyn and Bacon.
- Barrows, H.S. (1998). The essentials of problem-based learning. *Journal of Dental Education*, 62, 630-633. Retrieved from <http://www.jdentaled.org>
- Barrows, H. S. (1985). A taxonomy of problem-based learning methods. *Medical Education*, 20, 481-486. Retrieved from [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1365-2923/issues](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1365-2923/issues)
- Carone, S. & Burker, E. (2007). Student judgments regarding the effectiveness of problem-based learning in a rehabilitation counseling practicum. *Rehabilitation Education*, 21, 59-67. Retrieved from <https://ncre.org/>
- Colby, K. K., Almy, T. P., & Zubkoff, M. (1986). Problem-based learning of social sciences and humanities by fourth-year medical students. *Journal of Medical Education*, 61, 413-415. doi: 10.1097/00001888-198605000-00012
- Crimando, W., Killian, J., & Blankenship, C. (2001). The use of problem-based learning in

- rehabilitation education and training. *Rehabilitation Education*, 15, 265-281. Retrieved from <https://ncre.org/>
- Commission on Rehabilitation Counseling Certification (2005) Guidelines. Rolling Meadow, IL: Author. Retrieved from <https://www.crccertification.com/>
- Commission on Rehabilitation Counseling Certification. (2002-2003) Membership directory. Retrieved 8/12/03 from <http://www.core-rehab.org/states/members.html>
- Council on Rehabilitation Education and Council for Accreditation of Counseling and Related Educational Programs. (2014). Clinical Rehabilitation Counseling program guidelines. Retrieved 3/1/16 from <http://www.core-rehab.org/Files/Doc/PDF/Clinical%20Rehabilitation%20Counseling%20Standards.%20FINAL.pdf>
- Norman, G. & Schmidt, H. (1992). The psychological basis of problem-based learning: a review of the evidence. *Academic Medicine*, 67, 557-565. doi: 10.1097/00001888-199209000-00002
- O'Neill, P. (1998). Assessment of students in a problem-based learning curriculum. *Journal of Dental Education*, 62, 640-643. Retrieved from <http://www.jdentaled.org>
- Rosser, S. B., & Kelly, B. (1994). *Educating women for success in science and mathematics*. Columbia, SC: University of South Carolina.
- Stewart, J. B. (1998). Problem-based learning in counsellor education. *Canadian Journal of Counselling*, 32, 37-49. Retrieved from <http://cjc-rcc.ucalgary.ca/cjc/index.php/rcc>
- Stinson J. & Milter, R. (1996). Problem-based learning in business education: Curriculum design and implementation issues. *New Directions for Teaching and Learning*, 68, 33-42. doi: 10.1002/tl.37219966807

- Vernon, D. I. & Blake, R. I. (1993). Does problem-based learning work? A meta-analysis of evaluative research. *Academic Medicine*, 68, 550-563. doi: 10.1097/00001888-199307000-00015
- West, S. (1992). Problem-based learning—a viable addition for secondary school science. *School Science Review*, 73, 47-55.
- Wilkerson, L.. & Feletti, G. (1989). Problem-based learning: Once approach to increasing student participation. In *New Directions for Teaching and Learning* (p. 51-60). San Francisco: Jossey-Bass. doi: 10.1002/tl.37219893707
- Walton, H., & Matthews, M. (1989). Essentials of problem-based learning. *Medical Education*, 23, 542-58. doi: 10.1111/j.1365-2923.1989.tb01581.x
- Woods, D., Hall, F., Eyles, C., Hrymak, A., & Duncan-Hewitt, W. (1996). Tutored versus tutorless groups in problem-based learning. *American Journal of Pharmaceutical Education*, 60, 231-238.
- Zisook, S., Benjamin, S., Balon, R., Glick, I., Louie, A., Moutier, C., Moyer, T., Santos, C., & Servis, M. (2005). Alternate methods of teaching psycopharmacology. *Academic Psychiatry*, 29, 141-154. doi: 10.1176/appi.ap.29.2.141

**Table 1**

*Clinical Rehabilitation Counseling Standards (CORE and CACREP, 2014) Addressed by PBL Case Study.*

---

FOUNDATIONS

## A. Knowledge

4. Understands the implications of environmental, attitudinal, and individual barriers for people with disabilities.
9. Understands a wide range of rehabilitation service delivery systems (e.g., housing, independent living, case management, public benefits programs, educational programs, public/proprietary vocational rehabilitation programs).

## B. Skills and Practice

2. Applies knowledge of disability policy, financing, and regulatory processes to improve service delivery opportunities in rehabilitation counseling.

MEDICAL AND PSYCHOLOGICAL ASPECTS OF DISABILITY

## C. Knowledge

1. Understands how disability affects the human body, including relevant medical terminology.
2. Understands the onset, progression, expected duration, and functional limitations specific to the client's disability from a holistic perspective (i.e., physical, spiritual, sexual, vocational, social, relational, and recreational).
3. Understands how assistive technology can reduce or eliminate barriers and functional limitations.

## D. Skills and Practices



1. Applies the principles and practices of rehabilitation counseling concerning issues such as etiology, diagnosis, treatment, and referral for clients with disabilities, including clients with co-occurring disabilities.
2. Demonstrates appropriate use of assistive technology principles to enhance client quality

#### COUNSELING PREVENTION AND INTERVENTION

##### E. Knowledge

2. Knows the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help).
3. Understands the range of rehabilitation service delivery—such as inpatient, outpatient, community-based care—and the rehabilitation counseling services network.
6. Recognizes the importance of family, social networks, and community in the provision of services for and treatment of people with disabilities.
7. Understands professional issues relevant to the practice of rehabilitation

##### F. SKILLS AND PRACTICES

1. Uses disability-related principles and practices of diagnosis, treatment, referral, and wellness to initiate, maintain, and terminate counseling.
3. Applies effective strategies to promote client understanding of and access to a variety of community-based resources.

#### DIVERSITY, ADVOCACY, and ACCOMMODATION

##### G. Knowledge

5. Understands effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of rehabilitation counseling.

6. Knows public policies on the local, state, and national levels that affect the quality and accessibility of rehabilitation services.

### ASSESSMENT AND DIAGNOSIS

#### I. Knowledge

1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of wellness and pathology leading to diagnoses and appropriate counseling treatment plans.
2. Understands various models and approaches to clinical evaluation and their appropriate uses with clients with disabilities, including diagnostic interviews, mental status examinations, symptom inventories, psychoeducational and personality assessments, career assessments, and assessment for assistive technology needs.
3. Understands basic classifications, indications, and contraindications of commonly prescribed medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified.
4. Identifies standard screening and assessment instruments that are psychometrically appropriate for people with disabilities.
6. Understands the established diagnostic criteria and describes treatment modalities and placement criteria within the continuum of care.

#### J. SKILLS AND PRACTICES

1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.

#### L. CAREER/VOCATIONAL

### M. Knowledge

1. Understands career theory and labor market information for people with disabilities across the lifespan.
2. Knows the importance of career exploration and use of job placement strategies for people with disabilities.
3. Knows the importance of transferable skills and functional assessments in achieving successful employment and retention for people with disabilities.
4. Understands work-related supports to help people with disabilities obtain and maintain employment.

### N. Skills and Practices

1. Applies career theory and labor market information when working with people with disabilities across the lifespan.
  3. Applies transferable skills and functional assessments based on client work history to obtain and maintain successful employment.
- 

Note: Other objectives could be identified as the PBL process emerges.

## **Appendix A**

### **PBL Case Study**

Page 1

Please answer all of the questions following each paragraph. Document other emerging information relevant to the case. Do not proceed past the page in which you are currently working. As you answer the various questions, be sure to identify the sources of your information.

Carl was a salesperson for a car dealership for 10 years during which time he took night classes for his bachelor's degree in Marketing. He very much enjoyed selling cars as he quickly learned about all aspects of the various vehicles he sold. It was quite an undertaking as he had to learn about how the engine worked, what model cars had specific options, and what information was most helpful for consumers. He had strong mathematical and statistical ability as he was always checking the sales statistics on vehicles to determine which ones were selling the most. He would ask customers about their preferences and observe their car-buying habits. He would even gather data on competitors and analyze prices. Even though many of the things he did were beyond his job description, Carl found himself very drawn to those aspects of the business. He had great presentation skills, but he had little opportunity to use them in his sales job. He had strong leadership ability, but little interest in the day-to-day service to customers. He was much more interested in analyzing statistics, coming up with ideas, and developing projects. Once he graduated from college at age 30, he knew he would like a job that was as challenging as his sales job, but also one that would make use of his other interests and abilities.

What do you think Carl's Holland Code is and why? List several jobs in which you think Carl would be a good match? Why? What facts do you know and can you obtain from various occupational guides about car sales? What facts can you obtain about positions in which Carl might be qualified and interested?

On the following page, you will find out what job Carl chose after graduation. See if your choices are close to the job Carl actually obtained.

Page 2

After graduating from college, Carl worked for 15 years in Chicago as a market research analyst for an automobile corporation. He collected marketing data, analyzed it, and developed graphically creative presentations. He was very skillful at presenting his data to large groups of corporate executives and consultants. His presentation skills were his main strength. He had the ability to verbally communicate difficult statistics and market trends to people at various levels of the company. He had strong speaking skills to include voice tone, articulation, and ability to present concepts clearly. He stood for several hours at a time giving lengthy presentations.

Currently, Carl is in his mid-40s and resides with his wife and two children, a boy age 10 and a girl age 16. His job is very stressful, as he is never sure about job stability due to many recent layoffs. The company recently had layoffs due to income loss from faulty tires sold with many vehicles. After the tire incidents, Carl had to work extra hard to improve the marketing strategies of the company. He works long hours and travels quite frequently. Carl sees his family physician for yearly exams. During his last visit, Carl reported smoking about one pack of cigarettes per day, he was 30 pounds overweight, his cholesterol was 240, and his blood pressure was 150/100.

What is significant about his cholesterol? His blood pressure? What is the medical terminology used to describe his blood pressure? What condition(s) are exacerbated by these risk factors? What other risk factors does Carl exhibit and for what? What recommendations do you think Carl's physician gave him?

Page 3

Carl enjoys spending time with his children—helping them with their homework and with creative pursuits like drawing, painting, and creating graphics designs on the computer. He very much likes to use the computer as a hobby—always learning new computer technology. He also is competitive, a good quality for a marketing professional. What he doesn't like about his current job is the long hours and frequent work in evenings and on weekends.

Carl experienced a sudden onset of right hemiplegia (what is this?) and expressive aphasia (what is this?). He was admitted to the hospital and treated by a neurologist who prescribed anticoagulents (what are these?). He was in the hospital for 2 weeks.

What is your hypothesis about what happened to Carl? What facts do you have to support your hypothesis?

Page 4

Carl was treated in the rehabilitation hospital for 3 weeks where he obtained OT, PT, speech therapy, and recreational therapy. Using the FIM (what is this, what does it measure and how can it be used to help Carl?). To track Carl's progress and through team conferences, his function was monitored and he was found to have maximized his benefits from inpatient rehabilitation. He was discharged to his home and to outpatient rehabilitation.

Upon discharge, Carl was able to ambulate with the use of a quad cane (what is this?) and a Right AFO (what is this?) for household distances. He required a wheel chair for community distances (what does this mean?). He continued to have minimal recovery in his right upper extremity and continued to require minimal assistance to clothe, groom and for hygiene tasks. His speech was still markedly impaired and he was only able to utter short, one-word statements on occasion. His outpatient rehabilitation included PT, OT, Rehabilitation Counseling and Speech therapy.

What would PT do to help Carl? What would OT do to help Carl? What would speech therapy do? What would the Rehabilitation Counselor do? What do you know for sure about Carl with relation to his health and his limitations as they relate to vocation/work? What do you need to know? What are your hypotheses about his functioning and work-related activities? What about his financial situation—he's been out of work for 5 weeks? How might his disability policy work? How would you involve his family and what might you ask them?

Page 5

About five weeks after discharge, Carl is feeling financial pressure and needs assistance understanding his disability coverage (How long are most short and long-term disability policies and what percentage of the worker's salary do they usually cover?). He continues OT, PT, and Speech about one time/month. He is walking without a cane but still with AFO (what is this?). He learned compensatory techniques to complete ADL's, but is still limited in the use of his right upper extremity with some motion of the shoulder. He has experienced a slight improvement of speech. It is more consistent yet halting (What does this mean?). He can make himself understood by others. He is cognitively intact and is very interested in returning to work. Carl

knows he could advocate for his old job back, but he feels self-conscious and uncomfortable asking for accommodations for his current job. He thinks he will not be able to be as competitive in his job as his company would like. He feels that his presentation skills are tremendously affected by his current speech. He knows what a competitive market it is and feels that he would rather do something else in the company. He contacts his employer who agrees that another job in the company may be best for Carl. At this point in time, Carl is also considering positions in other companies or even in another field. Carl returns to his rehabilitation counselor for help in exploring other careers that could utilize his abilities and background and consequently finding a job.

Where would you start with Carl as the Rehabilitation Counselor? What environmental, institutional, attitudinal, individual barriers might he experience and how would you help him? How would you help him explore his interests, skills, abilities? What theories of career development might you draw from? How would you apply them? What results of interest inventories might you suspect and why? What transferable skills does Carl have? What skills, abilities, interests, etc. did Carl need to be a Marketing Research Analyst? What skills, abilities, interests did he need to be a car salesman? Given what you know about Carl, what jobs (See O'NET, OOH, GOE) might you discuss with him that are viable options and why? Be sure to take into account the wage he is probably used to, outlook of jobs in his geographic area, stability of the jobs, tasks of the job, transferable skills, etc. Assume that you are working with Carl and come up with various jobs of interest. What jobs have you come up with? What are their outlooks for this geographic area? What are the wages? What are the duties? What are the job tasks/requirements? Is any additional training needed? What types of support might his family need and how could you provide guidance to them on how to support Carl?



Page 6

Develop a plan for employment with Carl once you have helped him decide what jobs in which he is most interested.

Page 7

Carl interviews for several of the jobs you discussed, but has no luck actually landing a job. He suspects it is because of his speech and limp. He agrees to let you advocate for him through job development strategies.

What job development strategies might you use to help Carl? How would you approach employers and what would you say? How might you involve Carl in the process?

Page 8

You have helped Carl find an employer that would like to interview him. Carl is very adept at interviewing and lands the job after the second interview. He is very pleased to be in a job that is even a better fit than his previous marketing job.

Complete the end of Carl's story. What job did he obtain and why is it an even better fit than his previous job? What accommodations might Carl need and how would you help him advocate for them? What laws would apply?

Page 9

Nice job counselors!!!