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dissertation entitled

TRAINING NEEDS OF REHABILITATION PRACTITIONERS IN THAILAND: AN EXPLORATORY STUDY

presented by

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has been accepted towards fulfillment
of the requirements for the

Doctoral degree in Rehabilitation Counselor Education

Major Professor's Signature

December 14, 2009

Date

TRAINING NEEDS OF VOCATIONAL REHABILITATION PRACTITIONERS IN THAILAND: AN EXPLORATORY STUDY

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A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSIPHY

Rehabilitation Counselor Education

2009

ABSTRACT

TRAINING NEEDS OF VOCATIONAL REHABILITATION PRACTITIONERS IN THAILAND: AN EXPLORATORY STUDY

By

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A lack of adequately trained professionals in the field of disability is one of the critical issues in Thailand due to limited training programs specifically for preparing professionals to provide vocational rehabilitation services for people with disabilities. While the development of training programs is necessary, no research has been conducted regarding the training needs of current rehabilitation professionals. The purpose of this study is to identify the training needs of vocational rehabilitation practitioners who are working with individuals with disabilities in Thailand, through an examination of their perceived importance and preparedness of various knowledge domains. The data were collected from current rehabilitation practitioners working in both government and non-government agencies, which include community-based rehabilitation programs and independent living centers.

A total of 92 participants were included in the study, resulting in 76% response rate. The results revealed 10 critical training needs for the vocational rehabilitation practitioners across work settings, eight for the government sector, and 25 for the non-government sector. In addition, the difference of perceived job function domains was statistically significant between the two major practice settings. Relationship with previous studies and the implications for the development of training programs, professional development, and future research are also discussed.

Dedicated this long journey to my beloved mom and dad who always believe in me.
Thank you for your constant love and encouragement that make me realized that
I have never walked alone.

ACKNOWLEDGEMENTS

This dissertation would not be possible without the involvement of many important persons. I would like to express the deepest gratitude to my mentor and dissertation committee chairperson, Dr. Michael J. Leahy, for his invaluable support, guidance, and encouragement throughout my doctoral study at Michigan State University. I would like to express my appreciation to the committee members, Dr. John F. Kosciulek, Dr. Kimberly S. Maier, and Dr. Susan J. Peters for their warm guidance and mentoring and also would like to thank Dr. Chandra M. Donnell, the former committee member, for her work during the early stage of this study.

I would also like to acknowledge the Royal Thai Government for its prestigious scholarship that provided me educational opportunity and financial support. Particularly, I would like to express my appreciation to the staff of the Office of Educational Affair, the Royal Thai Embassy at Washington D.C for their supportive guidance and services during my time as a graduate student in the United States.

Lastly, I would like to say special thanks to Dr. Prapas Patchanee, my true friend, who is always there listening, encouraging, and mentoring with his care and patience during my difficult times.

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CHAPTER I

Introduction

Statement and Significant of the Problem

The rehabilitation counseling profession in the United States has emerged out of a series of legislative mandates. It has been characterized as continuously responding to emerging changes and the expansion of its professional roles in providing services to individuals with disabilities (1986). Following the Vocational Rehabilitation (VR) Act Amendments of 1954, which established funds for training rehabilitation counselors, the rehabilitation counseling began its status as a profession (Emener & Rubin, 1980). There have been mechanisms through legislative mandates, accreditation bodies, professional organizations/associations, and mandatory entities created to ensure that rehabilitation services are provided by qualified professionals (Leahy, Muenzen, Saunders, & Strauser, 2009; Leahy, Szymanski, & Linkowski, 1993; Szymanski & Leahy, 1993). As a counseling specialty in the field of disability (Emener & Cottone, 1989), rehabilitation counselors are required to meet both educational standards in terms of the degree attained from accredited programs and institutions, and professional standards in terms of professional licensure and certification that is required by particular states or work settings. Continuing education required in certification and licensure are also important methods to guarantee there are skilled and competent counselors working in the field.

Over the years, there has been a significant amount of attention devoted to the empirical study of rehabilitation counselor competency in the United States. The

extension of research has been done to identify the specific professional functions and competencies required for effective rehabilitation counseling (Berven, 1979a; Chan et al., 2003; Froehlich & Linkowski, 2002; Jaques, 1970; Leahy, 1986; Leahy, Chan, & Saunders, 2003; Leahy et al., 2009; Leahy, Shapson, & Wright, 1987; Leahy et al., 1993; Muthard & Solomone, 1969; Rubin et al., 1984; Wright & Butler, 1968). These studies have sought to more fully understand the role of a rehabilitation counselor in terms of what they do in practice by focusing on the specific job functions and tasks performed by those professionals to achieve a successful rehabilitation outcome with people with disabilities. More importantly, information gained from these studies has helped define the professional identify of a rehabilitation counselor (Leahy et al., 1993).

In Thailand, the 1991 Rehabilitation of Disabled Persons Act, the major disability legislation, mandated the development and provision of rehabilitation services for Thai citizens with disabilities (Thailand Department of Social Development and Welfare, 2008). The act officially acknowledged that people who are characterized as having a disability have legal recourse to pursue the same opportunities available to the general population. There are sequences of related laws and ministry regulations which aim to increase opportunities in such areas as education, health care, and medical services, as well as accessibility to public services and transportation.

The act mandated that there shall be committees that are responsible for the rehabilitation of disabled persons and that recommend guideline to the ministers on policies and plans concerning the assistance, development, and rehabilitation of disabled persons, which should also be congruent with the national economic and social development plan. As a result, the Office of the Committee for the Rehabilitation of

Disabled Persons was initiated to act as the central administrative office on persons with disabilities social welfare and a Fund for the Rehabilitation of Disabled Persons. The main tasks of the committee include the proposal or recommendation of policies and plans to be approved by the cabinet and the establishment of rules, regulations, and ordinances related to the act.

As a result of legislative mandates and government initiatives, people with disabilities in Thailand have witnessed an ongoing development of disability-related services. However, the vocational rehabilitation service in Thailand is still considered to be in infancy stage compared to other well-developed countries (Chen, Jo, Ong, & Kotbungkair, 2007). Despite the fact that vocational rehabilitation services have been available for decades, there is a lack of sufficiently and adequately trained professionals providing vocational rehabilitation services for people with disabilities in Thailand (Hampton, 1999; Murray, 1998). It was not until 1997 that Ratchasuda College, Mahidol University established a Master of Arts Program in Rehabilitation Services for Persons with Disabilities, which includes rehabilitation counseling as one of their four courses of study. Currently, it is still the only university offering this training program in Thailand, and there have been only 63 graduates since the program's inception (Mahidol University, 2006). In fact, multidisciplinary approaches have been implemented in providing services for persons with disabilities. Most current practitioners working in the field of disability in Thailand are from various educational backgrounds such as social work, psychology, and special education (Japan International Cooperation Agency, 2002). Information on how these educational programs address various disability-related issues such as disability and employment, psychosocial aspects of disability in their curricular is

unknown. As the 2001 census conducted by the National Statistical Office (2006) revealed that 1,100,761 people with disabilities were living in Thailand (approximately 1.7% of the nation's population), it is apparent that there is a dearth of trained vocational rehabilitation practitioners and educational preparation programs specifically for preparing professionals to provide vocational rehabilitation services for people with disabilities.

This study, therefore, aims to identify the training needs of professionals working in the field of disability in Thailand through an examination of their current knowledge and job functions. Furthermore, because of a lack of literature concerning the professional working in the field of vocational rehabilitation in Thailand, this current research seeks to identify overall demographic characteristics of vocational rehabilitation practitioners currently work in the field. The information gained from this study would guide the development of training programs for future professionals in the field of disability. This approach is considered a systematic approach to ensure that current professionals are adequately trained for working with people with disabilities in Thailand.

Conceptual Framework

As previously indicated, there is a need to increase the number of trained professionals who can provide effective vocational rehabilitation services for people with disabilities in Thailand. Because of the limited number of educational programs offering degrees preparing the professionals to work with people with disabilities, short-term training programs for those who are currently working in the field seem practically important. Providing specific knowledge and skills areas for enhancing effective services for people with disabilities may be more appropriate and effective for the current

situation. Smith (1984) addressed that insuring that staff posses skills to complete the organization's mission is a primary administrative or management function. In addition, professional competency is defined as having knowledge and skills which are necessary to meet client needs. In-service training that provides specialization to staffs will assist them to meet three basic organizational information needs: knowledge of assigned tasks, skill to carry out assigned tasks, and motivation to complete assigned tasks.

This research is based on a conceptual framework that developing effective training programs requires an empirical assessment regarding current knowledge and skill levels of those professionals working in the field. As Szymanski et al.(1993) asserted that basic to the practice of any profession or professional specialty is the delineation of specific knowledge and skill requirements of effective service delivery. The identification of a gap between those current and expected competencies would allow the development of training programs that fits the identified needs (Berven, 1979b). In order to develop appropriate in-service training programs, there is a need to identify the actual needs of practitioners in the current practice environment. The emphasis of needs assessment for developing in-service training program is dependent upon discovering a gap between a desired level of competent performance and present behavior.

Although this present study focuses on the development of in-services training program for current practicing practitioners, information gained from this research can also benefit the development of pre-service as well as professional development. When the key knowledge areas are identified, application of the research results may enhance further development of pre-service educational programs and guide potential refinement of its curriculum.

Purpose of the Study

This study aims to identify the training needs of vocational rehabilitation professionals working in the field of disability in Thailand through an examination of current knowledge, skills, and competencies which are necessary for working with people with disabilities. The information gained from this research will guide the development of prospective training programs for future professionals in the field of disability. This approach is considered a logical approach to ensure that current professionals are appropriately and adequately prepared or trained for working with people with disabilities. As previously mentioned, since the rehabilitation counseling profession did not exist in Thailand until very recently, this research will focus on vocational rehabilitation practitioners who are currently practicing in government agencies and non-government organizations in order to gain broader perspectives of the current practice.

Research Questions and Hypotheses

Since this research is exploratory in nature, there is no directed research hypothesis. However, primarily research questions are addressed as the following:

1. What are general demographic characteristics of vocational rehabilitation practitioners working with people with disabilities in Thailand?
2. What job functions are rated as important and frequently performed by those vocational rehabilitation practitioners in Thailand?
3. How important are various knowledge domains for rehabilitation practitioners in Thailand?
4. What are perceived preparedness of various knowledge domains for vocational rehabilitation practitioners?

5. What are training needs of current vocational rehabilitation practitioners?
6. Are there any differences in the importance of job functions and training needs according to vocational rehabilitation professional's demographic characteristics?

Definition of Terms

Rehabilitation Counselor: This term refers to practitioners who help people deal with the personal, social, and vocational effects of disabilities. They counsel people with disability resulting from birth defects, illness or disease, accidents, or other causes. They evaluate the strengths and limitations of the individuals, provide personal and vocational counseling, and arrange for medical care, vocational training, and job placement. They interview both individuals with disabilities and their families, evaluate school and medical reports, and confer with physicians, psychologists, occupational therapists, and employers to determine the capabilities and skills of the individual. They develop rehabilitation programs by conferring with clients where these programs often include training to help client develop job skills. Rehabilitation counselors also work toward increasing the client's capacity to live independently (Bureau of Labor Statistics, 2008).

Government (public) Organizations: This term refers to organizations which are operated and administered by central government or local government.

Non-Government Organizations: This term refers to a legally constituted organization created by legal persons with no participation or representation of any government. Non-Government Organizations can be funded totally or partially by governments; however, it maintains its non-government status insofar as it excludes government representatives from membership in the organization. In this present study,

non-government rehabilitation agencies may include community-based rehabilitation programs and independent living centers.

Competencies: This term refers to the knowledge and skills required for the practitioner which are used to meet client needs. Competency is considered amendable to change and specific to the extent that they can be rated accurately (Leahy, 1986).

CHAPTER II

Literature Review

Enhancing knowledge, skills, and competencies for those professionals who are currently working in the field is a logical way to response to lack of trained or skilled professionals in Thailand due to limited training programs specifically for preparing professionals to provide vocational rehabilitation services for people with disabilities. In order to develop appropriate training programs, an examination of current knowledge, skills, and competencies of those working in the field is necessary. This research, therefore, aims to identify training needs through an examination of practitioners' perspectives on the importance and their preparedness in relation to various knowledge and skill areas. The research outcome may therefore help to indicate the areas of knowledge, skills, and competencies to be focused in regards to developing the prospective training program in the future.

In order to accomplish the purpose of this current study, a review of relevant literature was conducted to provide a background for the present study and to identify the methodological approaches to assess the training needs of vocational rehabilitation practitioners in working with persons with disabilities in Thailand. A comprehensive literature review covered two major areas: a) rehabilitation services for people with disabilities in Thailand and b) assessment of competencies and training needs of rehabilitation counseling practitioners.

Rehabilitation Services for People with Disabilities in Thailand

Although rehabilitation services for people with disabilities in Thailand in the past were typically provided through both domestic and western charities, the official

intentions to promote an equal opportunity for people with disabilities in Thailand have emerged as a result of legislative mandates. The Rehabilitation of Disabled Person Act of 1990 has been considered the first and most important disability-related legislation. The primary ministry which promotes the interests of people with disabilities is the Ministry of Social Development of Human Security (formerly the Ministry of Labor and Social Welfare). However, the Ministry of Education and the Ministry of Finance also provide supports for government disability-related initiatives. Together with the Office of Committee for Rehabilitation of Disabled Persons (OCRDP), these comprise the main Ministries working towards the full participation of people with disabilities. The government program for vocational training and employment promotion is based mainly on the conviction that, given the opportunity, most people with disabilities could acquire skills which would enable them to earn a living and contribute to local and national economy, and take their place in society (Murray, 1998). The efforts to increase employment opportunities of people with disabilities have been expressed through various means such as the initiation of quota scheme in hiring individuals with disabilities in the business sector, the provision of loan for registered individuals to operate their own small enterprise, as well as the vocational training opportunities provided throughout the countries. Currently, there are eight disability-specific vocational training centers around the country operated and administered by the Ministry of Social Development and Human Security. These centers are considered the main vocational rehabilitation resources for people with disabilities. In addition, there are mainstream initiatives which include vocational training, employment service, and self-employment programs. The mainstreaming vocational service facilities are available throughout the

country by means of networking with disability-related organizations and non-government organizations. These training facilities are operated by both the Ministry of Education and the Ministry of Labor through the respective department of the Department of Technical Vocational Education, the Department of Non-Formal Education, the Department of Skills Development, and the Department of Public Welfare.

Recently, the National Office for Empowerment of Persons with Disabilities (NEP), the Ministry of Social Development and Human Security was founded on September 2007 as a result of Section of the Person wit Disability Empowerment Act B.E. 2550 (National Office for Empowerment of Persons with Disabilities, 2008). This organization is operated under the supervision of the Empowerment of Persons with Disabilities chaired by the Prime Minister. The major responsibility are to coordinate policies and plans on the empowerment of persons with disabilities at the domestic and international levels, to empower and protect the rights of persons with disabilities and promote access to public services for persons with disabilities without discrimination. and to empower disabled persons' organizations and networks.

In addition, social, recreation, and vocational services for people with disabilities are available through non-government organizations (NGOs) located in different areas throughout the country. These organizations generally rely on their own fund-raising activities; however, partially supported by the government. Disability-related NGOs can be divided into two major categories. One category is NGOs whose members are persons with disabilities, and the other NGOs focused on service provision. Services such as social, recreation, advocacy, independent living skills training, and vocational services are typically provided by these organizations (Japan International Cooperation Agency,

2002). The operation of training services in these agencies is considered dynamic in their approach as well as flexible. However, uncertainty of funding arrangement has been one of significant concerns among non-government organizations.

However, participation of individuals with disabilities in workforce and other areas such as community, education, and health care is still considerably low compared to their peers without disabilities. The employment rate for people with disabilities was only 21.55% as of 2001 (National Statistical Office, 2006). Based on the 1998 data from the Office of the Committee of Rehabilitation for Disabled Person, only 8% of companies under hiring quota scheme had actually hired individuals with disabilities according the set ratio (National Office for Empowerment of Persons with Disabilities, 2008). In addition, although vocational training opportunities are available through disability-specific training programs, mainstream training programs, and non-government agencies, only a small portion of people with disabilities benefit from those programs. Generally, those who get benefits from those programs are individuals with physical disabilities with a certain level of functional capacity and had attended school for certain period of time. The existing eligibility determination criteria exclude considerable numbers of individuals with disabilities, especially those with mental illness that have not attended formal education or are illiterate. In addition, the vocational training centers are able to offer limited training programs which mostly relate to semi-skilled manual or service activities such as dressmaking, handicraft and lacquer ware, leather making, and radio and television repair. As the result, there may be a mismatch between the interests of individuals with disabilities and available training opportunities.

There is no research that has been done specifically on the situation of professionals who are working with people with disabilities in Thailand. However, some studies related to people with disabilities in Thailand have addressed the lack of trained rehabilitation professionals working in the field of disabilities. Hampton (1999) who conducted the research on quality of life of people with substance use disorder in Thailand revealed that Thais with substance use disorder rated their life quality to be poor and they are most dissatisfied about themselves. This study also suggested that satisfaction occurs in six areas: self-esteem, relationship with others; resources in their surrounding environment, physical energy, personal control, and pressures in their lives which may serve as an initial focus for invention in order to improve their quality of life. However, because trained professional counselors did not exist in Thailand to deal with those common issues related to disability, a cross-disciplinary approach for services for people with substance use disorder in Thailand have been used for many years. Psychologists, psychiatrists, and rehabilitation nurses are the primary professionals who work for people with substance use disorder in Thailand.

The descriptive research conducted by Japan International Cooperation Agency (2002) addressed that the experts and workers in the field of disability are special education teachers, physiologists, occupational therapists, social workers and assistive device technicians. Except for social work, those professionals are required to meet qualifications set by the government for working in specific government positions.

Educational institutes which offer programs particularly about disability or vocational rehabilitation of people with disabilities are limited. Ratchasuda College, Mahidol University became the first and is still the only institution of higher education in

the country to offer degree programs geared toward the preparation of rehabilitation counselors to serve the disability community (Mahidol University, 2006). Besides the Bachelor of Arts in Deaf Studies, the college also offers a two-year Master of Arts in Rehabilitation Services for Persons with Disabilities. There have been four courses of study as follows, Rehabilitation Counseling, Rehabilitation Administration, Assistive Technology, and Blindness and Low Vision. The core faculty members come primarily from allied health fields such as physicians, psychiatrists, nurses, psychologists, social workers, and occupational therapists. There have been only 63 graduates since the program's inception (Mahidol University, 2006).

Assessment of Competencies and Training of Rehabilitation Counselors

Although research in relation to knowledge, skills, and professional competencies of rehabilitation practitioners who are providing services for people with disabilities in Thailand is nonexistent, extensive studies have been conducted in the United States devoted to this area. The long standing research focus in this area has greatly contributed to the refinement of rehabilitation counselor training programs and the national certification for the rehabilitation counselor (Leahy et al., 2009; Szymanski & Leahy, 1993) .

In one of the first studies, research conducted by Muthard and Solomone (1969) aimed to examine roles and functions of rehabilitation counselors who work in state agencies and private non-profit rehabilitation agencies. The 111 item Rehabilitation Counselor Task Inventories and other questionnaires were completed and returned by 378 rehabilitation counselors who were educators, administrators, supervisors, and other professional rehabilitation workers. The results of this study provided description of

rehabilitation counselor functions in terms of eight major classes of role and behavior: 1) placement, 2) affective counseling, 3) group procedures, 4) vocational counseling, 5) medical referral, 6) eligibility case finding, 7) test administration, and 8) test interpretation. The findings of this study indicated that a high degree of importance was attached to affective counseling, vocational counseling, and placement duties. The results also addressed that rehabilitation counselors spent about one-third of their time in counseling and guidance activities.

Berven (1979a) reexamined the eight duty domains identified by Muthard and Solomone (1969) which was considered as the first empirically based description of rehabilitation counselor role behavior. Although the result revealed very similar to those defined by Muthard and Solomone, eight duty domains gained from this study were the followings: 1) placement, 2) affective counseling, 3) group counseling, 4) professional development and supervision, 5) vocational counseling, 6) case management, 7) test administration, and 8) test interpretation. These duties included changes from the original duty factors.

Rubin et al. (1984) examined roles and functions of certified rehabilitation counselors from 1,135 certified rehabilitation counselors (CRCs) which comprised of practicing counselors, managers, and educators employed in a variety of settings. Instruments used in this study were the 17-item Commission on Rehabilitation Counselor Certification (CRCC) Demographic Questionnaire and the 130-item CRC Job Task Inventory. The latter used an 8-point Likert-type rating scale. Factor analysis revealed five major work categories and 11 subcategories. The job task categories were: 1) job placement and development, 2) case management, 3) professional/policy/test

development, 4) vocational counseling and assessment, and 5) affective counseling. In addition, six major work settings, identified among CRCs were: 1) state-federal rehabilitation agencies, 2) private rehabilitation companies, 3) private practice, 4) private facilities, 5) hospitals, and 6) mental health/ mental rehabilitation centers. The results of this study indicated differences in perceived importance of various tasks of rehabilitation counselors practicing in different work settings. Furthermore, the results suggested a need to revise the classification of the CRC examination content to be more parallel with rehabilitation counselor work functions.

Leahy, Shapson, and Wright (1987) conducted a study on the self-reported importance and attainment of competencies among rehabilitation counselors, vocational evaluators, and job development specialist across three major employment settings. The instruments used in this study were the *Rehabilitation Skill Inventory* (RSI) and a 16-item demographic questionnaire. The RSI contained 114 competency items rated according to participants' perceived level of competency attainment and importance on a 5-point Likert Scale ranging from 0-4. Cluster analysis revealed ten clusters as the followings: 1) vocational counseling, 2) assessment planning, 3) personal adjustment, 4) case management, 5) job placement, 6) group and behavioral techniques, 7) professional and community involvement, 8) consultation, 9) job analysis, and 10) assessment administration. The results indicated that five competency areas were important for all three specializations: vocational counseling, assessment planning and interpretation, personal adjustment counseling, case management, and job analysis. Both rehabilitation counselors and job placement specialists perceived four other competency areas (job placement, group and behavioral techniques, professional and community involvement,

and consultation) as at least moderately important. Among three specializations, vocational evaluators were the only specialization who rated assessment administration as at least moderately important.

In 1993, Leahy, Szymanski, and Linkowski examined perceived importance of knowledge areas of rehabilitation counselors. The participants in this study were CRCs applying for certification renewal. The instrument used was a 58-item questionnaire developed specifically for this study. Knowledge items were developed from existing CRC examination content areas, CORE standards, and a comprehensive review of the literature. The instrument was refined with new/emerging knowledge areas considered to be important for rehabilitation counselors. A demographic questionnaire was also used to gather basic identifying information of participants. In the 58-item questionnaire, two 5-point Likert type scales were used to assess participants' perceived levels of importance and preparedness of knowledge areas. The importance of each knowledge area was rated using the following 5-point Likert scale: 0= *not important*, 1= *of little importance*, 2= *of moderate importance*, 3= *highly important* and 4= *very highly important*. The preparedness scale was also used to identify levels of perceived preparedness of the participants. An open-ended question was also included in order to identify important knowledge areas not covered in the instrument. These scales represented major knowledge domains which are: 1) vocational counseling and consultative services, 2) medical and psychosocial aspects of disability, 3) individual and group counseling, 4) program evaluation and services coordination, 5) case management and services coordination, 6) family, gender, and multicultural issues, 7) foundation of rehabilitation, 8) worker compensation, 9) environmental and attitudinal barriers, and 10) assessment

(Linkowski et al., 1993). An ex post facto design was used to examine whether perceived importance of knowledge differs by the demographic variables of gender, type or level of pre-service education, job level, employment setting, job title, and years of experiences. The results revealed that three knowledge domains (medical and psychosocial aspects of disability; family, gender, and multicultural; and environmental and attitudinal) were related to the gender of the participants. In addition, job level, employment setting, and job title were significantly related to differences in knowledge importance. However, education and years of experiences had no significant relationship with knowledge importance rating.

Froehlich and Linkowski (2002) examined the training needs of state vocational rehabilitation counselors and compared the self-perceived training needs of state VR counselors with the self-perceived training needs of certified rehabilitation counselors (CRCs). This research used the *Rehabilitation Counseling Knowledge Instrument* (RCKI, Linkowski et al., 1993) which consists of a two-part self-report questionnaire comprising 57 rehabilitation counseling knowledge areas. The respondents were asked to rate each item on two 5-point Likert-type scales. The importance rating scale (0= *not importance*, 1= *of little importance*, 2= *of moderately importance*, 3= *highly important*, 4= *very high important*) is to evaluate participants' perception of importance of each knowledge area for rehabilitation counselor. The preparedness rating scale (0= *no preparation*, 1= *little preparation*, 2= *moderate preparation*, 3= *high degree of preparation*, 4= *very high degree of preparation*) is used to assess the degree to which each participant feels prepared regarding to each knowledge area. Training needs were derived from the use of a discrepancy model as described by McKillup (1987) and previously implemented in the

study conducted by Szymanski et al. in 1993. The study primarily adopts the Szymanski et al. (1993)'s methodology to assess training needs among rehabilitation counselors which principle knowledge components are as following: 1) vocational services, 2) case management and services, 3) group and family issues, 4) medical and psychosocial aspects of disability, 5) foundations of rehabilitation, 6) worker's compensation, employer services, and technology, 7) social, cultural, and environmental issues, 8) research, 9) individual counseling and development, and 10) assessment.

The results demonstrated that state VR counselors reported higher training needs in foundations of rehabilitation, individual counseling and development, and assessment. However, the CRC sample reported higher training needs in the areas of worker compensation, employer services, and technology. In addition, the results indicated that highest earned degrees was a significant predictor of perceived training need in the area of group and family issues, foundations of rehabilitation, research, and individual counseling and development. Unique knowledge areas identified by practitioners in proprietary settings were in health care and disability systems factor.

A study conducted by Chan et al. (2003) aimed to identified training needs of certified rehabilitation counselors in a variety of work settings by identifying knowledge perceived by certified rehabilitation counselors as important; however, limited in preparation levels. The data used in this study was obtained from Leahy, Chan, and Saunders's (2003) CRCC study concerning job function and knowledge requirements of CRCs. The participants of the 631 completed self-report questionnaire which accounts for 45 % response rate. The *Knowledge Validation Inventory-Revised* (KVI-R; Leahy, Chan, & Saunders, 2003) was the instrument used in this study. In order to examine the training

needs, two 5-point Likert-type scales were used to assess perceived importance and preparedness for each knowledge item. The respondents were asked to rate important rating scale using 5-point Likert scales (0= *not important*, 1= *somewhat important*, 2=*important*, 3=*very important*, 4= *extremely important*). For levels of perceived preparedness, the participants were asked to rate the degree of preparation they had received by using a 5-point Likert Scale (0= *no preparation*, 1= *little preparation*, 2= *moderate preparation*, 3= *high degree of preparation*, 4= *very high degree of preparation*). Berven's (1979b) methodology was used to identify the training needs of certified rehabilitation counselor in this study. Six major factors which comprise of 96 knowledge items are: 1) career counseling, assessment, and consultation, 2) counseling theories, techniques, and applications, 3) rehabilitation services and resources, 4) case and caseload management, 5) health care and disability system, and 6) medical/functional implications of disabilities.

The results revealed 23 knowledge areas which represent critical training needs for contemporary practice in all work settings. The factor of Career Counseling, Assessment, and Consultation contains the greatest number of critical training needs for the whole sample as its nine knowledge items were identified as critical training needs. Five knowledge items in the Rehabilitation Services and Resources factor are identified as training needs. This area has the second greatest number of critical training needs for the entire sample. Three critical training needs were identified as critical training needs in the Case and Caseload Management factor. One knowledge item which is appropriate medical training resources was identified as a critical training need in the Health Care and Disability System factor. Unique training needs identified by rehabilitation counselors in

different work settings were identified. The factor containing the highest number of training needs for rehabilitation counselors in non-profit agencies was the Rehabilitation Services and Resources. The second highest number of critical needs for counselors in this setting was the Counseling Theories, Techniques and Applications factor. However, unlike other settings which the Career Counseling, Assessment, and Consultation factor contained the greatest number of critical training needs, only three areas in this factor were identified as training needs. In proprietary rehabilitation, the Career Counseling, Assessment, and Consultation factor contained the highest number of knowledge areas that are considered as critical training needs.

The recent research conducted by Lee, Ingraham, Chronister, Oulvey, and Tsang (2005) examined the psychiatric rehabilitation training needs of state VR counselors. Fourty eight state VR counselors who were carrying predominantly psychiatric caseloads completed the survey inventory for this study. The instrument used was developed based on a comprehensive review of the psychiatric rehabilitation literature, and the examination of the Commission on Certified of Rehabilitation counselor (CRCC) Knowledge Validation Inventory-Revised (KVI-R) (Chan et al., 2003), interviews with psychiatric rehabilitation specialization, as well as input from expert. The inventory includes 70 items which were divided into two sets of identical items. The first section is composed of 35 knowledge items which participants were asked to rate their perceptions regarding importance of each item in a 5-point Likert scale (0= *not important*, 1= *somewhat important*, 2= *important*, 3= *very important*, 4= *extremely important*). In the second section with identical items, the participants were asked to rate their perceived preparedness in the knowledge area items on a 5-point Likert scale (0= *no preparation*,

1= *little preparation*, 2=*moderate preparation*, 3= *high degree of preparation*, 4= *very high degree of preparation*). The items were categorized into five areas: 1) counseling intervention techniques, 2) principles and techniques of psychiatric rehabilitation, 3) medical and psychological aspects, 4) assessment, and 5) case and caseload management. This study employed Berven's (1979a) data analysis technique to identify training needs of the state VR counselors. The result indicated that state VR agencies need more in-service training as the traditional training may not adequately prepare students in this area which is consistent with the previous research conducted by Chan et al. (2003).

As ongoing changes in practice environments are important challenges facing the rehabilitation profession, Leahy et al. (2009) conducted the study which intended to identify and examine the major knowledge domains for rehabilitation counselors by analyzing a recent national study by the Commission on Rehabilitation Counselor Certification (CRCC). From the study conducted by Leahy et al. (2003), the CRCC used its results to combine the major knowledge domains and sub domains to the specification of a 12-domains organizational schema for the development of the current Certified Rehabilitation Counselor Examination (CRCE). As the result, the instrument used in this study represented an updated version of the *Knowledge Validation Inventory-Revised* (KVI-R; Leahy, et al., 2001, 2003) with the containment of 81 knowledge sub domains which is organized within the 12 knowledge domains. The participants of 648 CRCs were asked to rate the importance of each knowledge domain on the 4-point Likert scale (1=*not important*, 2 *minimally important*, 3= *moderately important*, and 4= *highly important*). Twelve knowledge domains were organized into three major knowledge factors. The Counseling Knowledge included knowledge domains of Individual

Counseling, Group and Family Counseling, Mental Health Counseling, and Psychosocial and Cultural Issues in Counseling. The Vocational Knowledge factor included Career Counseling and Assessment, Job Development and Placement Services, and Vocational Consultation and Services for Employers. The Core Rehabilitation Knowledge factor included Case and Caseload Management, Medical, Functional, and Environmental Aspects of Disabilities, Foundations, Ethics, and Professional Issues, Rehabilitation Services and Resources, and Health Care and Disability Systems knowledge domains. For the 12 major knowledge domains, the results of this study revealed that all but 1 knowledge domain, the Group and Family Counseling, were rated moderately important or higher. Medical, Functional, and Environmental Aspects of Disabilities and Case and Caseload Management were the most important and the most frequently performed knowledge domains of rehabilitation counselors.

The results also indicated that importance rating differed significantly in eight out of 12 knowledge domains. For example, knowledge related to Group and Family Counseling was rated more important by participants at mental health centers and psychiatric hospitals than by participants in state-federal rehabilitation agencies, private rehabilitation companies, and other settings. Mental Health Counseling knowledge was rated more important by participants in state-federal rehabilitation agencies, private nonprofit rehabilitation, college and universities, mental health centers and psychiatric hospitals, and K-12 schools than by participants in private rehabilitation companies. Knowledge regarding Psychosocial and Culture Issues in Counseling was rated more important by participants working in state-federal rehabilitation agencies and colleges and universities than by participants at private (proprietary) rehabilitation companies. In

addition, differences emerged for two of the Vocational Knowledge domains (Career Counseling and Assessment, and Job Development and Placement) and three of the Core knowledge domains (Case and Caseload Management; Medical, Functional, and Environmental Aspects of Disabilities; and Rehabilitation Services ad Resources).

Training needs of rehabilitation counselors are complex and extensive as indicated by the variety of counselor functions indentified in task analysis research (Berven, 1979b). To meet the life long training needs of rehabilitation counselors, a system of paraprofessional and post employment training programs has evolved. Extensive studies have been done regarding roles, functions, and competencies of rehabilitation counselors. This line of research inquiry seeks to define the scope of practice of rehabilitation counselors and to refine evidence-based knowledge domains essential for rehabilitation counseling practice. The results obtained from this line of research have both direct implication and applied utilization for the field of rehabilitation counseling. For direct implication, the results of these studies have been translated directly to the discipline's regulatory bodies such as the Council on Rehabilitation Education (CORE) in setting the accreditation standard and the Commission on Rehabilitation Counselor Certification (CRCC) in designing test specifications for rehabilitation practitioners. Further more, the results of these studies have been implemented in the pre-services, in-services, and continuing education educational training programs and rehabilitation professional organizations can use this information for enhancing professional development (Leahy et al., 2009).

This present research aims to initiate empirical study on knowledge, skills, and competencies of vocational rehabilitation practitioners working with people with

disabilities in Thailand in order to gain more understanding of the current practice. More specifically, through the assessment of the importance and preparedness of various knowledge and job functions, the purpose of this present study is to identify training needs of vocational rehabilitation professionals in Thailand. With aspects of information gained from this study, dissemination of research results can enhance the initiation and development of in-services, pre-services, and professional development of vocational rehabilitation practitioners in Thailand.

CHAPTER III

Method

The purpose of this study is to identify the training needs of vocational rehabilitation practitioners working with individuals with disabilities in Thailand through an examination of the current knowledge and skills which are necessary for working with people with disabilities. Information concerning general demographic characteristics of vocational rehabilitation practitioners was also examined in order to understand the overall picture of those who are currently practicing in the field. Additionally, there was an assessment of differences in the importance of job functions and training needs according to vocational rehabilitation professionals' demographic characteristics. The methodological procedures are discussed in the following section.

Participants

The sample of interest is vocational rehabilitation practitioners currently working with people with disabilities in both government and non-government agencies in Thailand. The sampling frame of those who are working in the government vocational rehabilitation programs was retrieved from vocational rehabilitation agencies primarily operated and administered by the Department of Social Development and Welfare, Ministry of Social Development and Human Security; and the Rehabilitation Counseling Section of Ratchasuda College, Mahidol University. Prospective participants working in the non-government sector were from community-based rehabilitation agencies located in different areas of Thailand.

The prospective participants performed their jobs under different job titles; however, their job roles and functions were closely related to roles and functions of

vocational rehabilitation counselors in the United States (See appendix E). The vocational rehabilitation agencies/programs were selected using a convenient sampling method. The data were finally collected from ten rehabilitation agencies, including six government rehabilitation agencies and four non-government agencies.

Instruments and Variables

Demographic variables including gender, age, highest academic degree, educational background, type of work setting, job title, years of experiences, caseload size, and disability-related training obtained were included in this study. In addition, importance and frequency of various job functions performed, importance of various knowledge domains, preparedness in relation to various knowledge domains, and discrepancy rates between importance and preparedness rating of various knowledge domains were the variables of interest which the investigator collected the data from the participants.

The instruments used in this study were primarily adopted from the *Rehabilitation Skills Inventory-Revised* (RSI-R; Leahy, Chan, & Saunders, 2003) and the *Knowledge Validation Inventory-Revised* (KVI-R; Leahy, Chan, & Saunders, 2003). However, some items were omitted from the original instrument to make the instrument valid for the conduct of research in Thailand. Open-ended questions were included in both instruments to identify if there were any other knowledge domains and job functions perceived as important in providing effective vocational rehabilitation services for people with disabilities in Thailand but not covered in the survey instruments.

The *Rehabilitation Skills Inventory-Revised* (RSI-R) is a self-report questionnaire consisting of a 120 items with two 5-point Likert-type scales to assess the importance of

each skill in providing vocational rehabilitation services for persons with disabilities and the frequency that they performed each job task. The participants were asked to rate the importance of each item using a 5-point Likert type scale (0=*not important*, 1=*somewhat important*, 2=*important*, 3= *very important*, and 4=*extremely important*). To assess the frequency that they perform each job task, that participants were asked to rate each item by taking into account all of the things they perform over the course of the year in their work, using a 5-point Likert type scale (0=*not at all*, 1= *very infrequently*, 2= *somewhat infrequently*, 3= *very frequently*, and 4= *most of the time*). The original RSI-R was employed in this study without omitting any items.

The *Knowledge Validation Inventory-Revised* (KVI-R) is a 96-item survey questionnaire that uses two 5-point Likert-type scales to assess perceived level of importance and preparedness for each knowledge item. Since there are some knowledge areas which may not be applicable to the circumstances in Thailand, those items were deleted from the original KVI-R: item 6- The organizational structure of the private-for-profit vocational systems, item 28- Computer-based counseling tools in rehabilitation counseling, item 91- Ethical issues related to on-line counseling., and item 94- Credentialing issues related to the rehabilitation counseling profession. As the result, the final revised instrument includes 92 items.

The participants were asked to rate the importance of each item using a 5-point Likert type scale (0=*not important*, 1=*somewhat important*, 2=*important*, 3= *very important*, and 4=*extremely important*). Levels of perceived preparedness were assessed by asking the participants to rate the degree of preparation they had received through their education for each knowledge item (0=*not preparation*, 1=*little preparation*, 2=

moderate preparation, 3= *high degree of preparation*, and 4= *very high degree of preparation*).

In addition, the demographic questionnaire was used to gather information regarding general characteristics of the participants. It included questions on gender, age, highest education attained, program graduated, the extent to which previous education focused on disability-related issues, type of setting, years of experiences, caseload size, job title, work role, disability-related training obtained, type and sources of training, and services provided. The research instruments were translated into Thai Language and pilot testing with Thai graduate students was conducted for translation validity and appropriate language use. Reliability analysis was conducted to examine internal consistency of the translated RSI-R and KVI-R. The Cronbach's alpha computed for the total sample to determine internal consistency of the RSI-R ranged from .852 to .980 for the importance scale and from .796 to .969 for the frequency scale. For the KVI-R, the Cronbach's alpha ranged from .869 to .961 for the importance scale and from .891 to .956 for the preparedness scale.

Data Collection Procedure

The data collection procedure was conducted from both government agencies and NGOs where vocational rehabilitation services for people with disabilities were provided. This research was primarily a non-experimental, survey research. A descriptive research design was used in which the participants were asked to complete an informed consent form, the demographic questionnaire, the KVI-R, and the RSI-R.

The investigator made formal contact with each prospective agency for collaborative participation of their staff. Particularly, formal permission was given by the

Department of Social Development and Welfare, Ministry of Social Development and Human Security, for collecting the data from vocational rehabilitation staff working at the agencies under their administration.

The investigator made an arrangement and visited each of the agencies to discuss the study with the agencies' administrators. Upon visiting participant recruitment criterion was discussed with each agency's administrator. The survey packets, which included a cover letter, questionnaires, informed consent form, as well as self-addressed stamped return envelope, were distributed to each participant through the agency's administrator who was able to identify the participants of interest. However, for one agency, the investigator had a chance to discuss the study with prospective participants as they were recruited ahead of time by the agency's administrator. The survey packet was given directly to each participant in this particular agency.

The participants were encouraged to complete the survey questionnaire and return it to the researcher by mail within approximately two weeks with a signed informed consent form. In addition, although the survey packets were distributed by the agencies' administrators, the participants were informed that this study was not part of their organization's administrative evaluation or staff performance evaluation. In addition, the participants were informed that their response in this study will be used only for educational purposes. Their personal identification will not be linked or disclosed to the public. When completed study packet was returned, the data were entered and encoded for data analysis.

Once the completed questionnaire was returned to the investigator, an amount of 100 Thai Baht (approximately $3) postal order was sent to each participant by mail, as a way to thank them for their time in participating in this study.

Data Analysis

The Statistical Package for the Social Sciences (SPSS) was used for data analysis. Demographic information was analyzed by descriptive statistics to address general characteristics of vocational rehabilitation practitioners working with people with disabilities in Thailand in research question 1. Descriptive statistics were used to address research question 2 regarding job functions perceived as important and frequently performed by vocational rehabilitation practitioners. Information gained from an open-ended question regarding job functions usually performed were categorized and described to address this research question.

In order to address research question 3 and 4, descriptive statistics were used to assess the importance and preparedness of each knowledge domain. In order to address the training needs in research question 5, Berven's data analysis technique was exclusively employed. According to Berven (1979b), importance ratings, considered alone, provide information on the pre-professional training needs of state agency counselors. The combined percentage of very high and high importance ratings of the respondents was computed for each item. This provided an index of high importance for each competence area. Therefore, for the importance rating, the percentages of the *very important* (3) and *extremely important* (4) were then combined and recoded as one; and *not important* (0), *somewhat important* (1), and *important* (2) were recoded as zero for each of the items for the purpose of calculating the median. The items were ranked

hierarchically, from the highest percentage of endorsement to the lowest percentage of endorsement. Items with percentage of endorsement greater than the median were considered "high importance" items.

Berven (1979b) also addressed that when looking at competence ratings alone, the combined percentage of "none" and "some" competence rating of all responding counselors was computed for each item. This provided an index of self-perceived limited competence in each area . Therefore, for preparedness rating in the present study, those items with the ratings of *no preparation* (0), *little preparation* (1), and *moderate preparation* (2) were recoded as one; and *high degree of preparation* (3) and *very high degree of preparation* (4) were then recoded as zero. The items were ranked hierarchically, from the highest percentage of endorsement to the lowest percentage of endorsement. Items with percentage of endorsement greater than the median were considered "limited preparedness" items.

The information on importance and preparedness alone indicate the perceived level of essential professional practice areas and the perceived level of professional practice areas that are not adequately trained respectively. By combining the information on importance and preparedness, training need, therefore, is defined as those item areas that have a "relatively large proportion" of the rehabilitation counselor perceived to be important knowledge to attain but current preparation regarding those particular item areas was perceived as "limited and less than adequate". In addition, information gained from an open-ended question regarding important knowledge domains will be categorized and synthesized to address this research question.

Multivariate Analysis of Variance (MANOVA) and the Analysis of Variance (ANOVA) statistical procedures were utilized in order to address research question 6 of whether there are differences in the importance of job functions according to vocational rehabilitation professional's demographic characteristics.

Descriptive statistics were computed on the sample characteristics from the demographic questionnaires. Demographic variables of interest in the current study include: (1) gender, (2) age, (3) highest education attained; (4) educational program graduated, (5) extent that the previous education focused on disability-related issues, (6) years of working experience in working with individuals with disabilities, (7) hours of training, (8) type and source of training, (9) caseload size; (10) area of specialty, (11) type of setting, (12) job title, (13) work role, and (14) services provided.

For age, years of experience, hours of training, and caseload size variable, means and standard deviations were computed and displayed for the entire samples and for the individual sub-sample groups (rehabilitation practitioners working in government and in non-government organizations). In addition, frequency and percentage of gender, highest education attained, program graduated, type of setting, area of specialty, work role, services provided, and job title variables were computed and display for the entire sample and for the individual sub-sample groups.

CHAPTER IV

Results

Response Rate

A total of 121 survey packets were distributed to rehabilitation practitioners working in both government and non-government vocational rehabilitation agencies in Thailand. Survey packets were distributed according to the number of target respondents reported by the agency's administrators. One hundred and two survey packets were completed and returned by mail (84%). Of 68 instrument packets distributed for practitioners in government agencies, 59 (87%) packets were completed and returned. Of 53 instrument packets distributed for practitioners working in non-government agencies, 43 (81%) packets were completed and returned. However, 10 returned survey packets were excluded due to missing responses at an unacceptable level or completing by unrelated staff. As the result, a total of 92 responses were finally included in the current study, which results in an overall response rate of 76%. Of the total 92 responses, 57 (62%) were from those who was working in government agencies and 35 (38 %) were from non-government agencies.

The overall response rate of the current study was relatively high. One of the possible explanations is direct and personal contact made by the investigator for each agency, discussing the research topic and its data collection process. Particularly, there was formal permission by the Department of Social Development and Welfare, Ministry of Social Development and Human Security for collecting the data from five agencies under their administration.

Characteristics of the Sample

The final sample of this study consisted of 92 vocational rehabilitation practitioners who were employed in both government and non-government agencies in Thailand. Table 1 through Table 7 provides an analysis of the participants' demographic and work related characteristics. The participants consisted of 39 males (42.4%) and 53 females (57.6 %). The participants' age ranged from 19 to 58, with an average of 39.42 years old.

In terms of highest education attained, 10 (10.9%) participants graduated with graduate degree, 37 (40.2%) with bachelor's degree, 21 (22.8%) with associate degree, 23(25%) with high school certificate, and one (1.1%) completed less than high school level.

In terms of program of study, there was seven (7.6%) participants graduated from rehabilitation or rehabilitation services program, five (5.4%) from social work, two (2.2%) from sociology, one (1.1%) from psychology, five (5.4%) from occupational or physical therapy, eight (8.7%) from education, four (4.3%) from nursing, and six (6.5%) from business, management, or accounting. There was a large number of the participant (N=54, 58.7%) who reported their education background from other areas, including orientation and mobility, agriculture, electronics and mechanics, science in administration, political science, home economics, architect, and nutrition.

The participants were asked to indicate their perceptions regarding the extent that their previous education focused on disability or individuals with disabilities. Thirty participants (33%) indicated that their previous education did not focus on disability at all. Thirteen (14.3%) indicated focusing in a slight degree, 17 (18.7%) in a moderate degree,

14 (15.4%) in a considerable degree. Seventeen participants (18.7%) indicated that their previous education focused completely on disability.

The participants' work experiences raged from less than one year to 31 years, with an average of approximately 10 years. The participants reported attending disability-related workshop or training at the rage two to 930 hours with the mean of 102 hours. The sources of trainings addressed by the participants were the Department of Social Development and Welfare of the Ministry of Social Development and Human Security, the Department of Skill Development of the Ministry of Labor, the Ministry of Education, the Sport Authority of Thailand, Ratchasuda College of Mahidol University, the Faculty of Occupational Therapy and the Department of Medical Technology in the Faculty of Associated Sciences of Chiangmai University. Some training programs were provided by private non-profit organization such as Thailand Association for the Blind, the Caulfield Foundation for the Blind, the Christian Foundation for the Blind, and the Redemtorist Rehabilitation Center.

The training areas were typically related to mobility and orientation, disability legislation, community-based rehabilitation practice, the National Skill Standard Test, services for individuals with disabilities, disability assessments, sign language, professional vocational instructors, vocational education and curriculum development, and the applications of ergonomics in rehabilitation and assistive device technology, adaptive sports, education opportunities for people with disabilities, and specific vocational training programs.

In terms of job title, one (1.1%) of the participants reported being employed as rehabilitation counselor, four (4.5%) as social worker, four (4.5%) as social development officer, 13 (14.6%) as care takers, 29 (32.6%) as vocational trainer or instructors, one (1.1%) as psychologists, four (4.5%) as administrators, seven (7.9%) as occupational therapists or physical therapists, three (3.4%) as job placement specialists, five (5.6%) as nurses, two (2.2%) with no specific job title, and 16 (18.0%) with other job titles.

The participants reported serving caseloads that ranged from no specific caseload to 500 cases, with an average of 42.94 cases. There was one participant who indicated no specific caseload because of working an assistive technology staff. The respondent who reported working with caseload of 500 was a job placement specialist.

The participants were asked to indicate a specific caseload they served. Twenty three participants (25.6%) reported serving general caseload. However, some participants also served other groups of disability: 54 (60.0%) served physical disability, 21 (23.3%) served individual with blindness or visual impairment, 12 (13.3%) served hearing impairment, eight (8.9%) served intellectual disability, three (3.3%) served other neurological disorder, and one (1.1%) served drug and alcohol abuse.

The participants were asked to identify their current work role. As shown in Table 5, total of 34 participants reported working as a vocational trainer (38.2%). Although there was only one participant who had a job title as rehabilitation counselor, there were sixteen participants reported performing rehabilitation counselor role (18.0%). There were 14 (15.7%) of the participants performed a role as supervisor, six (6.7%) as administrator, 10 (11.2%) as job placement specialist, seven (7.9%) as social worker, seven (7.9%) as vocational evaluator, and four (4.5%) as nurse.

For type of services being provided, each participant was asked to indicate all the services that were available in that particular agency. As shown in Table 7, for services provided across setting, 77 (85.6%) participants indicated that vocational rehabilitation or vocational training services were provided in their agencies. There were 73 (81.1%) participants who indicated counseling services were provided. Provision of information and referral were reported by 62 (68.9%) participants. A relatively small number of the participants reported the provision of financial support 21 (23.3%) and assistive technology 31 (34.4%) in their agencies.

Table 1- Gender of Respondents by Setting

Gender	Setting		
	GOs n (%)	NGOs n (%)	Across Setting n (%)
Female	36 (63.2)	17 (48.6)	53 (57.6)
Male	21 (36.8)	18 (51.4)	39 (42.4)
TOTALS	57(100.0)	35(100.0)	92(100.0)

Table 2- Highest Education Attained of Respondents by Setting

Highest Education Attained	Setting		
	GOs n (%)	NGOs n (%)	Across Setting n (%)
Less than high school	1 (1.8%)	0 (.0%)	1 (1.1%)
High school	13 (22.8%)	10 (28.6%)	23 (25.0%)
Associate degree	15 (26.3%)	6 (17.1%)	21 (22.8%)
Bachelor's degree	21 (36.8%)	16 (45.7%)	37 (40.2%)
Graduate degree	7 (12.3%)	3 (8.6%)	10 (10.9%)
TOTALS	57(100.0%)	35(100.0%)	92(100.0%)

Table 3- Year of Experience

Year of Experience	Setting					
	GOs		NGOs		Across Setting	
	N	(Valid %)	N	(Valid %)	N	(Valid %)
0-10	29	(50.9%)	20	(62.5%)	49	(55.1%)
11-20	22	(38.6%)	6	(18.8%)	28	(31.5%)
21-30	5	(8.8%)	5	(15.6%)	10	(11.2%)
31-40	1	(1.8%)	1	(3.1%)	2	(2.2%)
TOTAL	57	(100.00%)	32	(100.00%)	89*	(100.00%)

* The N's does not compute to 92 due to missing data

Table 4- Breakdown Job Title of Respondents by Setting

Job Title	Setting		
	Government N (Valid%)	NGOs N (Valid%)	Across Setting N (Valid%)
Rehabilitation Counselor	1 (1.8%)	0 (.0%)	1 (1.1%)
Social Worker	4 (7.0%)	0 (.0%)	4 (4.5%)
Social Development Officer	4 (7.0%)	0 (.0%)	4 (4.5%)
Care Taker	12 (21.1%)	1 (3.1%)	13 (14.6%)
Voc. Trainer/Instructor	22 (38.6%)	7 (21.9%)	29 (32.6%)
Psychologist	1 (7.0%)	0 (.0%)	1 (1.1%)
Administrator	3 (7.0%)	1 (3.1%)	4 (4.5%)
OT/PT	1 (7.0%)	6 (18.8%)	7 (7.9%)
Placement Specialist	0 (.0%)	3 (9.4%)	3 (3.4%)
Nurse	3 (7.0%)	2 (6.2%)	5 (5.6%)
No Specific Job Title	0 (.0%)	2 (6.2%)	2 (2.2%)
Other Job Title	6 (10.5%)	10 (31.2%)	16 (18.0%)
TOTAL	57(100.0%)	32(100.0%)	89*(100.00%)

* The N's does not compute to 92 due to missing data

Table 5- Breakdown Work Role

Job Titles	Setting		
	Government N (Valid%)	NGOs N (Valid%)	Across Setting N (Valid%)
Administrator	4 (7.0%)	2 (5.7%)	6 (6.7%)
Supervisor	10 (17.5%)	4 (12.5%)	14 (15.7%)
Rehabilitation Counselor	12 (21.1%)	4 (12.5%)	16 (18.0%)
Social Worker	5 (8.8 %)	2 (6.2%)	7 (7.9%)
Psychologist	0 (.0%)	0 (.0%)	0 (.0%)
Placement Specialist	5 (8.8%)	5 (15.6%)	10 (11.2%)
Vocational Evaluator	5 (8.8%)	2 (6.2%)	7 (7.9%)
Trainer	24 (42.1%)	10 (31.2%)	34 (38.2%)
Nurse	2 (3.5%)	2 (6.2%)	4 (4.5%)
Other roles	21 (36.8%)	14 (43.8%)	35 (39.3%)

Note. The participants may report performing more than one work role

Table 6- Caseload Type Served by Setting

Type of Caseload	Setting		
	Government N (Valid%)	NGOs N (Valid%)	Across Setting N (Valid%)
General Caseload	18 (31.6%)	5 (15.2%)	23 (25.6%)
Physical Disability	37 (64.9%)	17 (51.5%)	54 (60.0%)
Blindness/Visual Impairment	8 (14.0%)	13 (39.4%)	21 (23.3%)
Hearing Impairment	9 (15.8%)	3 (9.1%)	12 (13.3%)
Intellectual Disability	6 (10.5%)	2 (6.1%)	8 (8.9%)
Learning Disability	3 (5.3%)	0 (.0%)	3 (3.3%)
Neurological Disorder	2 (3.5%)	1 (3.0%)	3 (3.3%)
Psychiatric Disability	0 (.0%)	0 (.0%)	0 (.0%)
Drug and Alcohol Abuse	1 (1.8%)	0 (.0%)	1 (1.1%)
Other Types of Disability	0 (.0%)	0 (.0%)	0 (.0%)

Note: Respondents could report serving more than one type of caseload

Table 7- Services Provision by Setting

Service	Setting		
	GOs N(Valid%)	NGOs N(Valid%)	Across Setting N(Valid%)
Vocational training/Vocational rehabilitation	50(87.7%)	27(81.8%)	77(85.6%)
Counseling	49(86.0%)	24(72.7%)	73(81.1%)
Medical Rehabilitation	34(59.6%)	12(36.4%)	46(51.1%)
Job Placement Service	35(61.4%)	16(48.5%)	51(56.7%)
Information and Referral	40(70.2%)	22(66.7%)	62(68.9%)
Group and Individual Advocacy	41(71.9%)	14(42.4%)	55(61.1%)
Financial Support	17(29.8%)	4(12.1%)	21(23.3%)
Assistive Technology	24(42.1%)	7(21.2%)	31(34.4%)
Other Services	8 (14%)	2(6.1%)	10(11.1%)

Note: Respondents could report more than one type of services being provided in their agencies

Analysis of Job Function

An analysis of job function was based on information gained from both the importance and frequency scales of the *Rehabilitation Skill Inventory-Revised* (RSI-R). Total of 120 job function items were organized into seven job function domains retrieved from factor analysis of prior study (Leahy et al., 2003) which grouped related job functions into the same job function domain. Some job function domains consisted of sub-domain(s) which were derived from a subsequent factor analysis of those items.

In order to identify the second research question regarding job functions important and frequently performed by vocational rehabilitation practitioners working with people with disabilities in Thailand, the mean and standard deviation for each item on the *Rehabilitation Skill Inventory-Revised* (RSI-R) was calculated. Each item was rated based on a 5- point Likert type scale for both importance scale (0=*not important*, 1=*somewhat important*, 2=*important*, 3= *very important*, and 4=*extremely important*) and frequency scale (0=*not at all*, 1= *very infrequently*, 2= *somewhat infrequently*, 3= *very frequently*, and 4= *most of the time*). The items were ranked ordered within each job function domain and a mean score and standard deviation was computed for each domain. The mean importance and frequency of major job functions across settings are displayed in Table 8.

Perceived Important Job Functions

The first job function domain, *Providing Vocational Counseling and Consultation* contains 43 job function items. The mean perceived importance of this job function domain was 2.73 (*SD*=.73). The item within this domain that was ranked highest in importance was item 43, counseling clients to select jobs consistent with their abilities,

interests, and rehabilitation goals (*M*=3.12). The Cronbach's alpha coefficient calculated for the total sample was .980, indicating a high level of internal consistency for the items in this domain.

The second job function domain, *Conducting Counseling Interventions*, contains 28 job function items. The mean perceived importance of this job function domain was 2.82 (*SD*=.71). The items included in this domain that were ranked highest in importance was item 32, assisting clients in modifying their lifestyles to accommodate functional limitations (*M*=3.10). The Cronbach's alpha coefficient calculated for the total sample was .972, indicating a high level of internal consistency for the items in this domain.

The third job function domain, *Using Community-Based Rehabilitation Services*, contains 16 job function items. The mean perceived importance of this job function domain was 2.73 (*SD*=.79). The items included in this domain that was ranked highest importance was item 106, attending team conferences (*M*=2.94, *SD*=.98). The Cronbach's alpha coefficient calculated for the total sample was .961, indicating a high level of internal consistency for the items in this domain.

For the fourth job function domain, *Managing Care*, 19 job function items are included. The mean perceived importance of this job function domain was 2.83 (*SD*=.75). The items included in this domain that was ranked highest in importance was item 2, interviewing the client to collect and verify the accuracy of case information (*M*=3.30, *SD*=.84). The Cronbach's alpha coefficient calculated for the total sample was .961, indicating a high level of internal consistency for the items in this domain.

The fifth job function domain, *Applying Research to Practice*, contains 6 job function items. The mean perceived importance of this job function domain was 2.55

(*SD*=.89). The participants rated item 81, understanding insurance claims processing and professional responsibilities in workers' compensation, as highest importance (*M*=2.73, *SD*=.95). The Cronbach's alpha coefficient calculated for the total sample was .907, indicating a high level of internal consistency for the items in this domain.

The six job function domain, *Conducting Assessments*, contains five job function items. The mean perceived importance of this job function domain was 2.72(*SD*=.79). The participants rated item 8, selecting evaluation instruments and strategies according to their appropriateness and usefulness for a particular client, as highest importance (*M*=2.93, *SD*=.90). The Cronbach's alpha coefficient calculated for the total sample was .852, indicating a moderate to high level of internal consistency for the items in this domain.

The seventh job function domain, *Practicing Professional Advocacy*, contains 3 job function items. The mean perceived importance of this job function domain was 2.68 (*SD*=.89). The participants rated item 97, educating clients regarding their rights under federal and state law, as highest importance (*M*=2.82, *SD*=.97). The Cronbach's alpha coefficient calculated for the total sample was .796, indicating a moderate to high level of internal consistency for the items in this domain.

Frequency of Job Function Performed

The first job function domain, *Providing Vocational Counseling and Consultation* (Table 8) contains 43 job function items. The mean frequency of this job function domain was 1.96 (*SD*=.72). However, the item within this domains ranked as most frequently performed were items 43 and 44, counseling clients to select jobs consistent with their abilities, interests, and rehabilitation goals (*M*=2.41, *SD*=1.08), and recommending occupational and/or educational materials for clients to explore vocational alternatives

and choices (*M*=2.41, *SD*=.93). Both items were in Sub-domain B: *Career Counseling*. The Cronbach's alpha coefficient calculated for the total sample was .969, indicating a high level of internal consistency for the items in this domain.

The second job function domain, *Conducting Counseling Interventions*, contains 28 job function items. The mean frequency of this job function domain was 2.18 (*SD*=.73). The item within this domain that was ranked as mostly performed was item 33, counseling clients to help them appreciate and emphasize their personal assets (*M*=2.50, *SD*=.94). The Cronbach's alpha coefficient calculated for the total sample was .960, indicating a high level of internal consistency for the items in this domain.

The third job function domain, *Using Community-Based Rehabilitation Services*, contains 16 job function items. The mean frequency of this job function domain was 1.99 (*SD*=.78). The item within this domain that was ranked as most frequently performed was item 106, attending team conference (*M*=2.48, *SD*=1.03). The Cronbach's alpha coefficient calculated for the total sample was .933, indicating a high level of internal consistency for the items in this domain.

For the forth job function domain, *Managing Case*, 19 job function items are included. The mean frequency of this job function domain was 2.20 (*SD*=.75). The item within this domain that was ranked as most frequently performed was item 116, performing caseload management activities (*M*=2.51, *SD*=.95). The Cronbach's alpha coefficient calculated for the total sample was .938, indicating a high level of internal consistency for the items in this domain.

The fifth job function domain, *Applying Research to Practice*, contains six job function items. The mean preparedness of this job function domain was 1.63 (*SD*=.88).

The item within this domain that was ranked as most frequently performed was item 94, conducting a review of the rehabilitation literature on a given topic or case problem (M=1.84, SD=1.16). The Cronbach's alpha coefficient calculated for the total sample was .822, indicating a moderate to high level of internal consistency for the items in this domain.

The sixth job function domain, *Conducting Assessments*, contains five job function items. The mean frequency of this job function domain was 1.92 (SD=.81). The item within this domain that was ranked as mostly performed was item 3, determining appropriate community services for client's stated needs (M=2.27, SD=.99). The Cronbach's alpha coefficient calculated for the total sample was .811, indicating a moderate to high level of internal consistency for the items in this domain.

The seventh job function domain, *Practicing Professional Advocacy*, contains three job function items. The mean preparedness of this job function domain was 2.00 (SD=.93). The item within this domain that was ranked as mostly performed was item 97, educating clients regarding their right under federal and federal laws (M=2.23, SD=1.10). The Cronbach's alpha coefficient calculated for the total sample was .796, indicating a moderate to high level of internal consistency for the items in this domain.

Table 8- Mean Importance and Frequency of Major Job Function across Setting

Job Function	Importance		Frequency	
	M	*SD*	*M*	*SD*
Domain 1: Providing Vocational Counseling and Consultation	**2.73**	**.73**	**1.96**	**.72**
Sub-domain A: Job Development and Placement	**2.63**	**.80**	**1.81**	**.80**
Identify transferable work skills by analyzing client's work history and functional assets and limitations (6)	2.68	1.07	1.92	1.13
Assess client's readiness for gainful employment (7)	2.88	0.94	2.13	1.02
Review medical information with clients to determine vocational implications of their functional limitations (41)	2.79	1.01	2.04	1.14
Apply labor market information influencing the task of locating, obtaining and progressing in employment (56)	2.62	0.99	1.84	1.12
Analyze the tasks of a job (61)	2.74	1.00	1.83	1.14
Classify local jobs using available job classification systems (62)	2.56	1.07	1.73	1.07
Utilize occupational information and other publications (65)	2.66	1.01	2.11	1.02
Document all significant client vocational findings sufficient for legal testimony or records (87)	2.47	1.18	1.66	1.23
Discuss return-to-work options with the employer (103)	2.62	1.06	1.70	1.04
Obtain a release for a return to work from the treating physician (104)	2.47	1.12	1.43	1.21
Conduct labor market analyses (113)	2.39	1.15	1.48	1.24
Coordinate "work conditioning" or work hardening services (118)	2.64	1.06	1.81	1.11
Sub-domain B: Career Counseling	**2.88**	**.73**	**2.16**	**.73**
Prepare with clients, rehabilitation plans with mutually agreed upon interventions and goals (26)	2.82	0.89	2.20	0.95
Counsel with clients regarding educational and vocational implications of test and interview information (42)	2.88	0.99	2.24	1.04
Counsel clients to select jobs consistent with their abilities, interests, and rehabilitation goals (43)	3.12	0.80	2.41	1.08
Recommend occupational and/or educational materials for clients to explore vocational alternatives and choices (44)	3.02	0.83	2.41	0.93
Discuss with clients labor market conditions that may influence the feasibility of entering certain occupations (46)	2.97	0.85	2.18	1.07
Discuss clients' vocational plans when they appear unrealistic (47)	2.79	0.97	2.10	1.03

Table 8- Mean Importance and Frequency of Major Job Function across Setting (Cont'd)

Job Function	Importance		Frequency	
	M	*SD*	*M*	*SD*
Develop mutually agreed upon vocational counseling goals (48)	2.84	0.89	2.04	0.99
Identify and arrange for functional or skill remediation services for clients' successful job placements (49)	2.81	0.99	1.93	1.03
Use supportive counseling techniques to prepare clients for the stress of the job search (50)	2.74	0.93	2.01	1.03
Instruct clients in developing systematic job search skills (51)	2.86	0.91	2.10	1.08
Instruct clients in preparing for the job interview (e.g., job application, resume preparation, attire, interviewing skills) (52)	2.88	0.93	2.08	1.04
Use local resources to assist with placement (e.g., employer contacts, colleagues, state employment service) (57)	2.87	0.96	2.08	1.08
Inform clients of job openings suitable to their needs and abilities (59)	2.83	0.89	2.23	0.96
Identify educational and training requirements for specific jobs (60)	2.82	0.97	2.17	1.06
Sub-domain C: Employer Consultation	**2.74**	**.78**	**1.85**	**.82**
Develop acceptable client work behavior through the use of behavioral techniques (53)	2.64	0.96	1.75	1.10
Monitor clients' post-employment adjustment to determine need for additional services (55)	2.83	1.00	1.93	1.11
Use computerized systems for job placement assistance (58)	2.70	1.06	1.76	1.07
Recommend modifications of job tasks to accommodate clients' functional limitations using ergonomic principles (63)	2.52	1.00	1.78	1.01
Apply knowledge of assistive technology in job accommodation (64)	2.78	0.93	2.02	1.04
Determine the level of intervention necessary for job placement (e.g., job club, supported work, OJT) (66)	2.68	0.99	1.94	1.10
Understand the applications of current legislation affecting the employment of disabled individuals (67)	2.94	0.91	2.17	1.06
Respond to employer biases and concerns regarding hiring persons with disabilities (68)	2.60	1.04	1.61	1.22
Negotiate with employers or labor union representatives to reinstate/rehire an injured worker (69)	2.70	1.14	1.58	1.19
Provide prospective employers with appropriate information on clients' work skills and abilities (70)	2.93	0.80	2.00	1.14
Provide consultation to employers regarding accessibility (71)	2.90	0.89	1.87	1.17
Sub-domain D: Vocational Planning	**2.68**	**.85**	**1.98**	**.82**
Interpret test and ecological assessment outcomes to clients and others (11)	2.27	1.22	1.48	1.21
Identify clients' work personality characteristics to be observed through an on the job evaluation or simulated work situation (12)	2.61	1.13	1.93	1.04

Table 8- Mean Importance and Frequency of Major Job Function across Setting (Cont'd)

Job Function	Importance		Frequency	
	M	*SD*	*M*	*SD*
Use behavioral observations to make inferences about work personality characteristics and adjustment (13)	2.84	0.95	2.36	1.08
Integrate assessment data to describe clients' assets, limitations and preferences for rehabilitation planning purposes (14)	2.75	1.07	2.03	1.04
Match clients' needs with job reinforces and clients' aptitudes with job requirements (15)	2.58	1.05	1.74	1.10
Make logical job, work area or adjustment training recommendations based on comprehensive client assessment information (16)	3.05	0.83	2.35	1.10
Domain 2: Conducting Counseling Interventions	**2.82**	**.71**	**2.18**	**.73**
Sub-domain A: Individual, Group, and Family Counseling	**2.79**	**.76**	**2.12**	**.72**
Assist clients in verbalizing specific behavioral goals for personal adjustment (30)	2.80	0.99	2.22	1.03
Explore clients' needs for individual, group or family counseling (31)	2.92	0.82	2.31	0.94
Use behavioral techniques such as shaping, rehearsal, modeling and contingency management (36)	2.38	1.06	1.66	1.13
Assist clients in understanding stress and in utilizing mechanisms for coping (37)	2.91	0.94	2.22	0.99
Counsel with clients' family to provide information and support positive coping behaviors (38)	2.91	0.97	2.10	1.01
Counsel regarding sexual concerns related to the presence of a disability (39)	2.58	1.10	1.76	1.15
Counsel with clients using group methods (40)	2.68	0.99	2.01	1.04
Obtain regular client feedback regarding the satisfaction with services delivered and suggestions for improvement (102)	2.96	0.92	2.43	1.01
Teach problem-solving skills to clients (119)	2.98	0.78	2.43	1.02
Sub-domain B: Counseling Relationship	**2.88**	**.74**	**2.23**	**.80**
Develop a therapeutic relationship characterized by empathy and positive regard for the client (17)	2.99	0.89	2.46	1.08
Clarify for clients, mutual expectations and the nature of the counseling relationship (18)	2.98	0.87	2.36	0.96
Identify one's own biases and weaknesses, which may affect the development of a healthy client relationship (19)	2.86	0.96	2.22	1.09
Adjust counseling approaches or styles according to clients' cognitive and personality characteristics (20)	2.92	0.96	2.35	1.16
Apply psychological and social theory to develop strategies for rehabilitation intervention (22)	2.81	1.02	2.19	1.11
Employ counseling techniques (e.g., reflection, interpretation, summarization) to facilitate client self-exploration (23)	2.78	0.94	2.15	1.04

Table 8- Mean Importance and Frequency of Major Job Function across Setting (Cont'd)

Job Function	Importance		Frequency	
	M	*SD*	*M*	*SD*
Identify social, economic and environmental forces that may present barriers to a client's rehabilitation (24)	2.75	1.04	2.08	1.10
Assist clients in terminating counseling in a positive manner, thus enhancing their ability to function independently (27)	3.06	0.94	2.46	1.03
Recognize psychological problems (e.g., depression, suicidal ideation) requiring consultation or referral (28)	2.97	1.07	2.03	1.20
Identify and comply with ethical and legal implications of client relationships (91)	2.72	1.07	2.04	1.14
Sub-domain C: Counseling Techniques	**2.81**	**.70**	**2.17**	**.80**
Determine client's abilities to perform independent living activities (5)	2.87	0.95	2.31	1.10
Interpret to clients, diagnostic information (e.g., tests vocational and educational records, medical reports) (21)	2.70	1.09	2.06	1.14
Use assessment information to provide clients with insights into personal dynamics (25)	2.74	1.02	2.13	1.06
Counsel with clients to identify emotional reactions to disability (29)	3.04	0.92	2.32	1.11
Assist clients in modifying their lifestyles to accommodate functional limitations (32)	3.10	0.89	2.44	1.00
Counsel clients to help them appreciate and emphasize their personal assets (33)	3.06	0.90	2.50	0.94
Provide information to help clients answer other individuals' questions about their disabilities (34)	2.62	1.04	1.96	1.03
Confront clients with observations about inconsistencies between their goals and their behavior (35)	2.67	0.95	2.00	1.19
Explain the services and limitations of various community resources to clients (84)	2.57	1.05	1.86	1.20
Domain 3: Using Community-Based Rehabilitation Services	**2.73**	**.79**	**1.99**	**.78**
Supervise new counselors and/or practicum or internship students in rehabilitation counseling activities (45)	2.77	1.07	1.98	1.24
Conduct group activities and programs such as job clubs, vocational exploration groups, or job seeking skills groups (54)	2.66	1.06	1.80	1.16
Provide information regarding your organization's programs to current and potential referral sources (74)	2.78	0.97	2.20	1.13
Describe Social Security regulations and procedures regarding disability determination and benefits (76)	2.84	0.94	1.93	1.10
Negotiate financial responsibilities with the referral source and/or sponsor for client rehabilitation (89)	2.41	1.22	1.45	1.19
Market rehabilitation services to businesses and organizations (90)	2.90	0.98	2.37	1.06
Interpret your organization's policy and regulations to clients and others (98)	2.91	0.83	2.32	1.09

Table 8- Mean Importance and Frequency of Major Job Function across Setting (Cont'd)

Job Function	Importance		Frequency	
	M	*SD*	*M*	*SD*
Participate with advocacy groups to promote rehabilitation programs (99)	2.87	0.95	2.32	1.01
Promote public awareness and legislative support of rehabilitation programs (100)	2.84	0.91	2.17	1.03
Attend team conferences (106)	2.94	0.98	2.48	1.03
Act as an advocate for the client and family with third-party payors and service providers (107)	2.57	1.14	1.73	1.23
Research and secure funding, community resources, and support needed for community re-entry (108)	2.48	1.03	1.46	1.22
Evaluate and select facilities that provide specialized care services for clients (109)	2.64	0.93	1.82	1.16
Contact vendors in order to purchase adaptive/accommodative equipment (110)	2.70	1.09	2.04	1.21
Train clients' co-workers/supervisors regarding work and disability issues (112)	2.72	0.96	2.07	1.07
Perform supported-employment related activities (120)	2.63	1.08	1.74	1.21
Domain 4: Managing Case	**2.83**	**.75**	**2.20**	**.75**
Assess the significance of client's disability in consideration of medical, psychological, educational, and social support status (1)	3.21	0.82	2.66	1.00
Interview the client to collect and verify the accuracy of case information (2)	3.30	0.84	2.75	0.98
Coordinate activities of all agencies involved in a rehabilitation plan (75)	2.81	0.91	2.28	1.01
Report to referral sources regarding progress of cases (77)	2.70	0.98	2.16	1.17
Monitor client progress (78)	2.99	0.95	2.47	1.04
Collaborate with other providers so that services are coordinated, appropriate and timely (79)	2.91	0.93	2.36	1.03
Consult with medical professionals regarding functional capacities, prognosis, and treatment plan for clients (80)	2.78	1.03	2.10	1.21
Refer clients to appropriate specialists and/or for special services (82)	2.70	1.03	1.99	1.10
State clearly the nature of clients' problems for referral to service providers (83)	2.79	0.99	2.00	1.15
Compile and interpret client information to maintain a current case record (85)	2.92	1.05	2.36	1.15
Write case notes, summaries, and reports so that others can understand the case (86)	2.84	1.10	2.31	1.14
Make sound and timely financial decisions within the context of caseload management in your work setting (88)	2.58	1.13	1.73	1.21
Abide by ethical and legal considerations of case communication and recording (e.g., confidentiality) (92)	2.88	1.02	2.24	1.23
Obtain written reports regarding client progress (105)	2.58	1.10	1.72	1.21

Table 8- Mean Importance and Frequency of Major Job Function across Setting (Cont'd)

Job Function	Importance		Frequency	
	M	*SD*	*M*	*SD*
Determine and monitor individual case management outcomes (111)	2.65	1.09	1.83	1.20
Use effective conflict resolution strategies in providing case management services (114)	2.64	0.90	1.89	1.05
Use effective time management strategies (115)	2.60	0.95	1.99	1.02
Perform caseload management activities (116)	2.92	0.82	2.51	0.95
Develop rapport/network with physicians and other rehabilitation professionals (117)	3.07	0.92	2.44	1.07
Domain 5: Applying Research to Practice	**2.55**	**.89**	**1.63**	**.88**
Serve as a vocational expert to public agencies, law firms, and/or private businesses (72)	2.61	1.16	1.57	1.27
Provide expert opinion or testimony regarding employability and rehabilitation feasibility (73)	2.27	1.18	1.29	1.28
Understand insurance claims processing and professional responsibilities in workers' compensation (81)	2.73	0.95	1.52	1.19
Read professional literature related to business, labor markets, medicine and rehabilitation (93)	2.56	1.10	1.77	1.08
Conduct a review of the rehabilitation literature on a given topic or case problem (94)	2.52	1.02	1.84	1.16
Apply published research results to professional practice (95)	2.63	1.09	1.81	1.20
Domain 6: Conducting Assessments	**2.72**	**.79**	**1.92**	**.81**
Determine appropriate community services for client's stated needs (3)	2.92	0.96	2.27	0.99
Evaluate clients' social support system (family, friends, and community relationships) (4)	2.53	1.02	1.51	1.19
Select evaluation instruments and strategies according to their appropriateness and usefulness for a particular client (8)	2.93	0.90	2.16	0.87
Employ computerized assessment techniques (9)	2.34	1.15	1.62	1.26
Administer appropriate standardized tests and ecological assessment techniques (10)	2.92	0.92	2.09	1.05
Domain 7: Practicing Professional Advocacy	**2.68**	**.89**	**2.00**	**.93**
Apply principles of rehabilitation legislation to daily practice (96)	2.73	0.96	2.02	1.11
Educate your clients regarding their rights under federal and state law (97)	2.82	0.97	2.23	1.10
Identify and challenge stereotypic views toward persons with disabilities (101)	2.47	1.08	1.73	1.09

Table 9- Reliability RSI-R Importance and Frequency Scale by Domains

Domain	α
Importance	**(.852-.980)**
Providing Vocational Counseling and Consultation	.980
Conducting Counseling Interventions	.972
Using Community-Based Rehabilitation Services	.961
Managing Case	.961
Applying Research to Practice	.907
Conducting Assessments	.852
Practicing Professional Advocacy	.869
Frequency	**(.796-.969)**
Providing Vocational Counseling and Consultation	.969
Conducting Counseling Interventions	.960
Using Community-Based Rehabilitation Services	.933
Managing Case	.938
Applying Research to Practice	.822
Conducting Assessments	.811
Practicing Professional Advocacy	.796

Analysis of Knowledge Areas

Analysis of knowledge areas is based on information gained from both the importance and preparedness scales of the *Knowledge Validation Inventory-Revised.* A total of 92 knowledge items were organized into six knowledge domains according to the factor analysis of prior study conducted by Leahy et al. (2001) which grouped related knowledge areas into the same knowledge domain. Some domains consisted of sub-domain(s) which was also from subsequent factor analysis of those knowledge items.

In order to answer research question three of how important are various knowledge domains for rehabilitation practitioners in Thailand; and question four regarding what are perceived preparedness levels of various knowledge domains for vocational rehabilitation practitioners, the mean and standard deviation for each item on the *Knowledge Validation Inventory-Revised* (KVI-R) was calculated. The items were ranked ordered within each knowledge domain and a mean score and standard deviation was computed for each domain. Each item was rated based on a 5- point Likert type scale for both importance scale (0=*not important*, 1=*somewhat important*, 2=*important*, 3= *very important*, and 4=*extremely important*) and preparedness scale (0=*not preparation*, 1=*little preparation*, 2= *moderate preparation*, 3= *high degree of preparation*, and 4= *very high degree of preparation*). Domain and item means and standard deviation are contained in Table 10.

Perceived Important Knowledge Area

The first knowledge domain, *Career Counseling, Assessment and Employer Services,* contains 28 items. The mean perceived importance of this knowledge domain was 2.82 (*SD*=.71). The item within this domain that was ranked highest in importance

was item 29, occupational and labor market information associated with disabilities (*M*=3.09, *SD*=.98). The Cronbach's alpha coefficient calculated for the total sample was .961, indicating a high level of internal consistency for the items in this domain.

The second knowledge domain, *Career Counseling, Assessment and Employer Services* contains 27 items. The mean perceived importance of this knowledge domain was 2.74 (*SD*=.67). The item within this domain that was ranked highest in importance was item 13, individual counseling practice and intervention (*M*=3.06, SD=.83). The Cronbach's alpha coefficient calculated for the total sample was .958, indicating a high level of internal consistency for the items in this domain.

The third knowledge domain, *Rehabilitation Services and Resources,* contains 12 items. The mean perceived importance of this knowledge domain was 2.86 (*SD*=.67). The item within this domain that was ranked highest in importance was item 21, services available for a variety of rehabilitation population, including person with multiple disability (*M*=3.13, SD=.86). The Cronbach's alpha coefficient calculated for the total sample was .910, indicating a moderate to high level of internal consistency for the items in this domain.

The fourth knowledge domain, *Case and Caseload Management,* contains eight items. The mean perceived importance of this knowledge domain was 2.90 (*SD*=.66). The item within this domain that was ranked highest in importance was item 23, case management process, including case finding, service coordination, referral to and use of other discipline, and client advocacy (*M*=3.18, SD=.85). The Cronbach's alpha coefficient calculated for the total sample was .887, indicating a moderate to high level of internal consistency for the items in this domain.

The fifth knowledge domain, *Health Care and Disability Systems,* contains nine items. The mean perceived importance of this knowledge domain was 2.74 (*SD*=.66). The item within this domain that was ranked highest in importance was item 73, health care benefits, service coordination, referral to and use of other discipline, and client advocacy (*M*=3.16, SD=.90). The Cronbach's alpha coefficient calculated for the total sample was .916, indicating a moderate to high level of internal consistency for the items in this domain.

The seventh knowledge domain, *Medical, Functional, and Environmental Implication of Disability,* contains eight items. The mean perceived importance of this knowledge domain was 2.88 (*SD*=.69). The item within this domain that was ranked highest in importance was item 19, environmental barriers for individual with disability (*M*=3.21, SD=.91). The Cronbach's alpha coefficient calculated for the total sample was .869, indicating a moderate to high level of internal consistency for the items in this domain.

Perceived Preparedness of Knowledge Areas

The first knowledge domain, *Career Counseling, Assessment and Employer Services,* contains 28 items. The mean perceived preparedness of this knowledge domain was 1.98 (*SD*=.70). The item within this domain that was ranked as highest prepared was item 25, job and employer development (*M*=2.47, SD=1.03). The Cronbach's alpha coefficient calculated for the total sample was .956, indicating a high level of internal consistency for the items in this domain.

The second knowledge domain, *Counseling Theories, Techniques, and Application,* contains 27 items. The mean perceived preparedness of this knowledge

domain was 2.09 (*SD*=.60). The item within this domain that was ranked as highest prepared was item 14, individual counseling practice and intervention (*M*=2.56, SD=.97). The Cronbach's alpha coefficient calculated for the total sample was .930, indicating a high level of internal consistency for the items in this domain.

The third knowledge domain, *Rehabilitation Services and Resources,* contains 12 items. The mean perceived preparedness of this knowledge domain was 2.08 (*SD*=.64). The item within this domain that was ranked as highest prepared was item 6, organizational structure of the nonprofit services delivery program (*M*=2.43, SD=1.07). The Cronbach's alpha coefficient calculated for the total sample was .890, indicating a moderate to high level of internal consistency for the items in this domain.

The fourth knowledge domain, *Case and Caseload Management,* contains eight items. The mean perceived preparedness of this knowledge domain was 2.21 (*SD*=.64). The item within this domain that was ranked as highest prepared was item 69, case recording and documentation (*M*=2.49, SD=.83). The Cronbach's alpha coefficient calculated for the total sample was .849, indicating a moderate to high level of internal consistency for the items in this domain.

The fifth knowledge domain, *Health Care and Disability System,* contains nine items. The mean perceived preparedness of this knowledge domain was 1.90 (*SD*=.64). The item within this domain that was ranked as highest prepared was item 73, health care benefits (*M*=2.43, SD=.92). The Cronbach's alpha coefficient calculated for the total sample was .890, indicating a moderate to high level of internal consistency for the items in this domain.

The sixth knowledge domain, *Medical, Functional, and Environmental Implication of Disability,* contains eight items. The mean perceived preparedness of this knowledge domain was 2.24 (*SD*=.63). The item within this domain that was ranked as highest prepared was item 7, ethical standards for rehabilitation counselor (*M*=2.55, SD=.96). The Cronbach's alpha coefficient calculated for the total sample was .819, indicating a moderate to high level of internal consistency for the items in this domain.

Table 10- Mean Importance and Preparedness of Knowledge Area

Knowledge Area	Importance		Preparedness	
	M	*SD*	*M*	*SD*
Domain 1: Career Counseling, Assessment and Employer Services	**2.82**	**.71**	**1.98**	**.70**
Sub-domain A: Vocational Consultation and Employer Services	**2.73**	**.77**	**1.88**	**.75**
Job analysis (40)	2.87	0.97	2.00	0.94
Job modification and restructuring techniques (41)	3.03	0.92	2.26	0.96
Accommodation and rehabilitation engineering services (42)	3.07	0.92	2.14	1.10
Employer practices that affect the employment or return to work of individual with disabilities (45)	2.84	0.98	1.82	0.93
Consultation services available from rehabilitation counselors for employers (46)	2.80	1.00	1.89	0.97
Transferable skills analysis (63)	2.43	1.04	1.63	1.01
Marketing strategies and techniques for rehabilitation services (64)	2.63	1.08	1.73	1.16
The workplace culture and environment (65)	2.91	0.95	2.23	0.99
Work conditioning or work hardening resources and strategies (79)	2.71	0.98	1.86	1.02
Ergonomics (80)	2.71	1.09	1.76	1.08
Methods and techniques used to conduct labor market surveys (82)	2.65	0.99	1.81	1.00
Business/corporate terminology (83)	2.12	1.16	1.48	1.00
Sub-domain B: Job Development and Placement Services	**2.94**	**.78**	**2.08**	**.77**
Job and employer development (25)	3.27	0.83	2.47	1.03
Vocational implications of functional limitation associated with disabilities (28)	2.99	0.93	2.33	0.95
Occupational and labor market information (29)	3.09	0.98	2.08	1.00
Job placement strategies (43)	2.98	0.94	2.09	0.95
Employer development and job placement (47)	2.80	1.02	1.76	0.97
Client job seeking skills development (48)	2.78	0.98	2.07	1.01
Client job retention skills (49)	2.77	1.03	1.76	1.01
Follow-up/post employment services (50)	2.90	1.01	2.09	1.06

Table 10- Mean Importance and Preparedness of Knowledge Area (Cont'd)

Knowledge Area	Importance		Preparedness	
	M	*SD*	*M*	*SD*
Sub-domain C: Career Counseling and Assessment Techniques	**2.80**	**.71**	**1.99**	**.76**
Theories of career development and work adjustment (27)	2.76	0.98	2.16	0.99
Tests and evaluation techniques available for assessing client's needs (34)	2.80	0.93	2.13	1.04
Interpretation of assessment results for rehabilitation planning purpose (35)	2.58	1.08	1.89	1.05
The evaluation procedures for assessing the effectiveness of rehabilitation services and outcomes (37)	2.92	0.96	2.18	0.98
Assistive technology (74)	3.17	0.86	2.33	0.97
Internet resources for rehabilitation counseling (89)	2.75	0.99	1.77	1.04
Computer-based assessment tools (91)	2.64	0.98	1.64	1.10
Computer-based job matching systems (92)	2.78	1.03	1.86	1.16
Domain 2: Counseling Theories, Techniques, and Applications	**2.74**	**.67**	**2.09**	**.60**
Sub-domain A: Mental Health Counseling	**2.64**	**.81**	**1.84**	**.79**
Substance abuse and treatment (57)	2.33	1.33	1.57	1.18
Rehabilitation techniques for individual with psychological disabilities (60)	2.65	1.15	1.55	1.14
Wellness and illness prevention concept and strategies (77)	2.86	0.88	2.25	0.91
Mental health and psychiatrist disability concepts (78)	2.62	1.05	1.58	0.96
Human sexuality and disability issues (86)	2.62	0.94	2.03	0.92
Theories and techniques for clinical supervision (88)	2.60	1.05	1.95	1.05
Treatment planning for clinical problem (e.g. depression and anxiety) (90)	2.78	0.95	1.92	1.03
Sub-domain B: Group and Family Counseling	**2.75**	**.87**	**2.07**	**.85**
Group counseling theories (9)	2.62	0.91	2.04	0.95
Group counseling practices and interventions (10)	2.66	1.04	2.12	0.99
Family Counseling theories (11)	2.82	1.07	2.01	0.98
Family counseling practices and interventions (12)	2.89	1.09	2.15	1.08

Table 10- Mean Importance and Preparedness of Knowledge Area (Cont'd)

Knowledge Area	Importance		Preparedness	
	M	*SD*	*M*	*SD*
Sub-domain C: Individual Counseling	**2.94**	**.72**	**2.35**	**.79**
Individual counseling theories (13)	3.06	0.83	2.36	1.07
Individual counseling practice and intervention (14)	3.13	0.77	2.56	0.97
Behavior and personality theory (15)	2.76	0.94	2.22	0.90
Human growth and development (16)	2.84	0.95	2.28	0.95
Sub-domain D: Psychological and Cultural Issues in Counseling	**2.83**	**.68**	**2.2**	**.67**
Societal issue, trends, and developments as they related to rehabilitation (8)	3.01	0.88	2.30	0.95
Multicultural counseling issues (17)	3.04	0.90	2.37	0.93
Gender issues (18)	2.61	1.02	2.28	0.98
Psychosocial and cultural affect of disability on individuals (32)	2.76	0.91	2.12	0.88
Psychosocial and cultural affect of disability on families (33)	2.81	0.89	2.14	0.96
Ethical decision-making models and process (66)	2.80	0.89	2.21	0.87
Techniques for working with individuals with limited language proficiency (68)	2.80	1.03	1.98	1.04
Sub-domain E-Foundation, Ethics, and Professional Issues	**2.58**	**.82**	**2.01**	**.71**
The history of rehabilitation (1)	2.84	1.01	2.34	0.88
The philosophical foundation of rehabilitation (2)	2.60	0.96	2.25	0.92
Rehabilitation literature (51)	2.53	1.10	1.86	1.05
Basic research methods (52)	2.35	1.08	1.76	1.03
The design of research projects, program evaluation, and needs assessment approaches (53)	2.59	1.04	1.85	0.97
Domain 3: Rehabilitation Services and Resources	**2.86**	**.67**	**2.08**	**.64**
Organizational structure of the public vocational rehabilitation services delivery program (5)	2.96	0.87	2.25	0.88
Organizational structure of the nonprofit services delivery program(6)	2.99	0.94	2.43	1.07
Services available for a variety of rehabilitation population, including person with multiple disability (21)	3.13	0.86	2.19	0.91
Rehabilitation services in diverse settings (22)	3.05	0.91	2.31	0.92

Table 10- Mean Importance and Preparedness of Knowledge Area (Cont'd)

Knowledge Area	Importance		Preparedness	
	M	*SD*	*M*	*SD*
Planning the provision of independent living services with clients (24)	2.96	0.98	2.20	0.93
Community resources and services for rehabilitation planning (26)	2.73	0.94	2.01	0.94
Financial resources for rehabilitation services (36)	2.98	0.95	1.94	0.98
Supported-employment strategies and services (44)	2.74	1.01	1.80	0.82
Social security programs, benefits, and disincentives (58)	2.85	0.98	2.04	1.06
School-to-work transitions for students with disabilities (62)	2.71	0.96	2.07	1.03
Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients (85)	2.87	0.79	2.10	0.88
Dual diagnosis and the workplace (87)	2.46	1.15	1.66	1.05
Domain 4: Case and Caseload Management	**2.90**	**.66**	**2.21**	**.64**
Case management process, including case finding, service coordination, referral to and use of other disciplines, and client advocacy (23)	3.18	0.85	2.38	0.90
Techniques for working effectively in teams and across disciplines (67)	2.88	0.91	2.26	0.97
Case recording and documentation (69)	3.15	0.81	2.49	0.83
Clinical problem-solving and critical-thinking skills (70)	2.57	1.00	1.82	0.98
Case management process and tools (71)	2.93	0.84	2.24	0.91
Negotiation and conflict solution strategies (72)	2.71	1.03	2.07	0.92
Principles of caseload management (81)	2.93	0.80	2.28	0.86
Professional roles, functions, and relationships with other human service providers (84)	2.90	0.84	2.16	0.89
Domain 5: Health Care and Disability Systems	**2.74**	**.79**	**1.90**	**.74**
Appropriate medical intervention resources (39)	2.91	0.96	2.05	0.86
Expert testimony (54)	2.03	1.27	1.33	1.10
Worker's compensation laws and practices (55)	2.72	1.11	1.69	1.10
Employer-based disability prevention and management strategies(56)	2.67	0.98	1.68	0.97
Techniques for evaluating earnings capacity and loss (59)	2.62	1.07	1.74	1.08

Table 10- Mean Importance and Preparedness of Knowledge Area (Cont'd)

Knowledge Area	Importance		Preparedness	
	M	*SD*	*M*	*SD*
Life care planning (61)	2.80	1.14	1.74	1.21
Health care benefits (73)	3.16	0.90	2.43	0.92
Manage care concepts (75)	2.85	0.90	2.12	0.89
Health care delivery systems (76)	3.02	0.84	2.31	0.93
Domain 6: Medical, Functional, and Environmental Implication of Disability	**2.88**	**.69**	**2.24**	**.63**
Legislation or laws affecting individual with disabilities (3)	3.24	0.96	2.49	0.97
Rehabilitation terminology and concepts (4)	2.49	0.94	1.97	0.87
Ethical standards for rehabilitation counselors (7)	3.17	0.91	2.55	0.96
Environmental barriers for individual with disabilities (19)	3.21	0.91	2.52	0.97
Attitudinal barriers for individuals with disabilities (20)	2.89	0.93	2.34	0.95
Medical terminology (30)	2.26	1.12	1.74	1.01
Medical aspects and implications of various disabilities (31)	2.58	1.01	2.01	1.02
Physical/functional capacities of individuals with disabilities (38)	3.16	0.86	2.36	0.78

Table 11- Reliability KVI-R Importance and Preparedness Scale by Domains

Domain	α
Importance	**(.869-.961)**
Career Counseling, Assessment and Employer Services	.961
Counseling Theories, Techniques, and Applications	.958
Rehabilitation Services and Resources	.910
Case and Caseload Management	.887
Health Care and Disability Systems	.916
Medical, Functional, and Environmental Implication of Disability	.869
Preparedness	**(.819-.956)**
Career Counseling, Assessment and Employer Services	.956
Counseling Theories, Techniques, and Applications	.930
Rehabilitation Services and Resources	.890
Case and Caseload Management	.849
Health Care and Disability Systems	.890
Medical, Functional, and Environmental Implication of Disability	.819

Training Needs of Rehabilitation Practitioner

Table 12 and Table 13 present the importance items and the limited preparedness items respectively for the items that have the endorsed percentage greater than the median (calculated to be 64.5% for the importance and 67.4% for the preparedness). Table 12 lists the 46 knowledge items and associated percentages in descending order, ranging from the most importance to the least importance as perceived by vocational rehabilitation practitioners. Table 13 lists the 48 knowledge items and associated percentages in descending order, ranging from the most limited preparedness to the least limited preparedness as perceived by vocational rehabilitation practitioners.

In order to answer research question five regarding training needs of current vocational rehabilitation practitioners, the data analysis technique used by Berven (1979) was exclusively employed. Training needs for vocational rehabilitation practitioner across setting was examined. In addition, training needs for practitioners working in the two different settings were also examined.

Training Needs across Setting

Among those important knowledge and preparedness items, 10 items were overlapped. These items represent rehabilitation knowledge areas that were perceived by the vocational rehabilitation practitioner as very important, but at the same time, were considered areas that they felt inadequately prepared.

As shown in Table 14, the knowledge domain that contains the greatest number of critical training needs for the entire sample was the knowledge domain 3, *Rehabilitation Services and Resources.* Four knowledge items in this domain had both a relatively "high" importance rating (ranging from 65%-74%) and a relative "limited" preparedness

rating (ranging from 68%-71%) and therefore were identified as critical training needs for current vocational rehabilitation practitioners. Although other knowledge items in this domain were rated above the median in terms of "high" importance, their "limited" preparation rating which fell below the median resulted in not being considered as critical training needs in this particular analytical method. Knowledge regarding community resources and services for rehabilitation planning; financial resources for rehabilitation services; social security program, benefits, and disincentives; and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients were all areas identified as critical training needs by vocational rehabilitation practitioners across setting within this knowledge domain.

The domain that contained the second highest number of critical training needs for this setting was the knowledge domain 5, *Health Care and Disability Systems*. Three knowledge items in this domain included appropriate medical intervention resources, life care planning, and manage care concepts. The knowledge domain 1, *Career Counseling, Assessment and Employment Services*, contained 2 knowledge items that were considered as critical training needs, including job analysis and computer based job matching systems. They were rated as "high" importance and "limited" in preparedness. Family counseling theory included in the knowledge domain 2, *Counseling Theories, Techniques, and Applications* was rated by vocational rehabilitation practitioners as a critical training need.

No items in knowledge domain 4: *Case and Caseload Management* and domain 6: *Medical, Functional, and Environmental Implication of Disability* that were identified as critical training needs by total sample. These two knowledge domains were the

domains that did not contain knowledge items that were rated with "high" importance at or above 64.5 % or "limited" preparedness at or above 67.4%.

Training Needs for Government Sector

Although the participants identified ten knowledge areas that were perceived as critical training needs, it is important to examine training needs of vocational rehabilitation practitioners working in two main settings.

As shown in Table 15, participants in the public or government sector identified eight knowledge areas that were rated as "high" important and "limited" preparedness. In this analysis, the same analytical procedures employed in an examination of training for across setting were used. The cut off point for high important rating was the median of 59.6%, and the cut point for limited preparedness was the median of 67.3%.

Inconsistent with the total sample, *Career Counseling, Assessment and Employer Services,* were the knowledge domain that contained the greatest number of knowledge areas perceived as critical training needs for vocational rehabilitation practitioners working in public sector. The five knowledge items, including job analysis, job placement strategies, client job seeking skills development, theories of career development and adjustment, and computer-based job matching systems, were identified by this subsample, which raged in high importance ratings from 60% to 68% and from 68% to 77% in limited preparedness ratings. Of all five identified knowledge items, two knowledge items, including job analysis and computer-based job matching system, were identical with those knowledge items perceived as important for practitioners across setting.

The *Rehabilitation Services and Resources* domain included two knowledge items which were identified by vocational rehabilitation practitioners as critical training needs, including financial resources for rehabilitation services and school-to-work transitions for student with disabilities. These two items ranged in high important ratings from 63%-70% and from 68-73% in limited preparedness rating. The knowledge item of financial resources for rehabilitation services were identical with the knowledge item perceived as important for practitioners across setting. However, the knowledge of school-to-work transition for student with disability is a unique critical training needs identified by vocational rehabilitation practitioners in public or the government sector.

There was only one knowledge item in the *Health Care and Disability System* domain that was identified as a critical training need. The knowledge item of appropriate medical intervention resources was identified with the high important rating of 68% and 71% in limited preparedness rating. This knowledge item was also identified as a critical training need for practitioners across settings.

No items in knowledge domain 2: *Counseling Theories, Techniques, and Application,* and domain 4: *Case and Caseload Management* that was identified as a critical training need by total sample. These two knowledge domains were the domain that did not contain knowledge items that were rated with "high" importance at or above 59.6 % or "limited" preparedness at or above 67.3%.

Table 12- Knowledge Items Endorsed as Highly Important

Item		% Importance
73.	Health care benefits	85
69.	Case recording and documentation	84
25.	Job and employer development	83
74.	Assistive technology	83
23.	Case management process, including case finding, service coordination, referral to and use of other disciplines, and client advocacy	83
21.	Services available for a variety of rehabilitation population, including person with multiple disability	81
3.	Legislation or laws affecting individual with disabilities	81
7.	Ethical standards for rehabilitation counselors	80
17.	Multicultural counseling issues	79
42.	Accommodation and rehabilitation engineering services	78
19.	Environmental barriers for individual with disabilities	78
38.	Physical/functional capacities of individuals with disabilities	78
14.	Individual counseling practice and intervention	77
29.	Occupational and labor market information	76
76.	Health care delivery systems	76
22.	Rehabilitation services in diverse settings	76
36.	Financial resources for rehabilitation services	74
41.	Job modification and restructuring techniques	74
28.	Vocational implications of functional limitation associated with disabilities	73
43.	Job placement strategies	73
5.	Organizational structure of the public vocational rehabilitation services delivery program	73
13.	Individual counseling theories	72
37.	The evaluation procedures for assessing the effectiveness of rehabilitation services and outcomes	71
6.	Organizational structure of the nonprofit services delivery program	70
39.	Appropriate medical intervention resources	70
40.	Job analysis	70
16.	Human growth and development	70
24.	Planning the provision of independent living services with clients	70
58.	Social security programs, benefits, and disincentives	70
71.	Case management process and tools	70
81.	Principles of caseload management	70
75.	Manage care concepts	70
8.	Societal issue, trends, and developments as they related to rehabilitation	69
27.	Theories of career development and work adjustment	69
92.	Computer-based job matching systems	69
61.	Life care planning	68

Table 12- Knowledge Items Endorsed as Highly Important (Cont'd)

Item		% Importance
12.	Family counseling practices and interventions	68
85.	Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients	68
50.	Follow-up/post employment services	67
77.	Wellness and illness prevention concept and strategies	67
67.	Techniques for working effectively in teams and across disciplines	67
20.	Attitudinal barriers for individuals with disabilities	67
84.	Professional roles, functions, and relationships with other human service providers	66
11.	Family Counseling theories	66
65.	The workplace culture and environment	65
26.	Community resources and services for rehabilitation planning	65

Table 13- Knowledge Items Endorsed as Having Limited Preparedness

Item		% Limited Preparedness
83.	Business/corporate terminology	88
78.	Mental health and psychiatrist disability concepts	87
44.	Supported-employment strategies and services	86
54.	Expert testimony	84
56.	Employer-based disability prevention and management strategies	79
63.	Transferable skills analysis	79
52.	Basic research methods	79
91.	Computer-based assessment tools	78
47.	Employer development and job placement	78
60.	Rehabilitation techniques for individual with psychological disabilities	78
82.	Methods and techniques used to conduct labor market surveys	78
30.	Medical terminology	78
89.	Internet resources for rehabilitation counseling	77
45.	Employer practices that affect the employment or return to work of individual with disabilities	77
53.	The design of research projects, program evaluation, and needs assessment approaches	77
87.	Dual diagnosis and the workplace	77
4.	Rehabilitation terminology and concepts	77
39.	Appropriate medical intervention resources	76
57.	Substance abuse and treatment	76
64.	Marketing strategies and techniques for rehabilitation services	75
59.	Techniques for evaluating earnings capacity and loss	75
46.	Consultation services available from rehabilitation counselors for employers	75
55.	Worker's compensation laws and practices	75
49.	Client job retention skills	73
79.	"Work conditioning" or Work hardening resources and strategies	73
80.	Ergonomics	73
9.	Group counseling theories	73
51.	Rehabilitation literature	73
35.	Interpretation of assessment results for rehabilitation planning purpose	73
70.	Clinical problem-solving and critical-thinking skills	73
90.	Treatment planning for clinical problem (e.g. depression and anxiety)	72
61.	Life care planning	72
26.	Community resources and services for rehabilitation planning	71
40.	Job analysis	70
36.	Financial resources for rehabilitation services	70
58.	Social security programs, benefits, and disincentives	70

Table 13- Knowledge Items Endorsed as Having Limited Preparedness (Cont'd)

Item		% Limited Preparedness
32.	Psychosocial and cultural affect of disability on individuals	70
68.	Techniques for working with individuals with limited language proficiency	70
11.	Family Counseling theories	69
75.	Manage care concepts	69
92.	Computer-based job matching systems	69
34.	Tests and evaluation techniques available for assessing client's needs	69
10.	Group counseling practices and interventions	69
85.	Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients	68
62.	School-to-work transitions for students with disabilities	68
88.	Theories and techniques for clinical supervision	67
72.	Negotiation and conflict solution strategies	67
31.	Medical aspects and implications of various disabilities	67

Table 14- Training Needs across Setting

Training need area	Importance (%)		Limited Preparedness (%)
Domain 1: Career Counseling, Assessment and Employer Services			
Job analysis (40)	70		70
Computer-based job matching systems (92)	69		69
Total number of items		2	
Domain 2: Counseling Theories, Techniques, and Applications			
Family Counseling theories (11)	66		69
Total number of items		1	
Domain 3: Rehabilitation Services and Resources			
Community resources and services for rehabilitation planning (26)	65		71
Financial resources for rehabilitation services (36)	74		70
Social security programs, benefits, and disincentives (58)	70		70
Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients (85)	68		68
Total number of items		4	
Domain 4: Case and Caseload Management	-	-	-
Domain 5: Health Care and Disability Systems			
Appropriate medical intervention resources (39)	70		76
Life care planning (61)	68		72
Manage care concepts (75)	70		69
Total number of items		3	
Domain 6: Medical, Functional, and Environmental Implication of Disability	-	-	-

Table 15- Training Needs for Government Sector

Training need area	Importance (%)		Limited Preparedness (%)
Domain 1: Career Counseling, Assessment and Employer Services			
Theories of career development and work adjustment (27)	61		68
Job analysis (40)	61		77
Job placement strategies (43)	68		68
Client job seeking skills development (48)	63		68
Computer-based job matching systems (92)	60		70
Total number of items		5	
Domain 2: Counseling Theories, Techniques, and Applications	-	-	-
Domain 3: Rehabilitation Services and Resources			
Financial resources for rehabilitation services (36)	70		68
School-to-work transitions for students with disabilities (62)	63		73
Total number of items		2	
Domain 4: Case and Caseload Management	-	-	-
Domain 5: Health Care and Disability Systems			
Appropriate medical intervention resources (39)	68		71
Total number of items		1	
Domain 6: Medical, Functional, and Environmental Implication of Disability	-	-	-

Table 16- Training Needs for Non-Government Sector

Training need area	Importance (%)		Limited Preparedness (%)
Domain 1: Career Counseling, Assessment and Employer Services			
Occupational and labor market information (29)	80		69
Employer practices that affect the employment or return to work (45)	74		71
Consultation services available from rehabilitation counselors for employers (46)	77		66
Client job retention skills (49)	77		71
Assistive technology (74)	86		69
"Work conditioning" or Work hardening resources and strategies (79)	77		71
Computer-based assessment tools (91)	74		74
Computer-based job matching systems (92)	83		66
Total number of items		8	
Domain 2: Counseling Theories, Techniques, and Applications			
Family Counseling theories (11)	74		74
Family counseling practices and interventions (12)	74		71
Rehabilitation techniques for individual with psychological disabilities (60)	77		77
Techniques for working with individuals with limited language proficiency (68)	80		69
Wellness and illness prevention concept and strategies (77)	74		71
Treatment planning for clinical problem (e.g. depression and anxiety) (90)	77		77
Total number of items		6	
Domain 3: Rehabilitation Services and Resources			
Organizational structure of the public vocational rehabilitation program (3)	74		74
Services available for a variety of rehabilitation population (21)	83		66
Community resources and services for rehabilitation planning (26)	77		74
Financial resources for rehabilitation services (36)	82		74
Social security programs, benefits, and disincentives (58)	89		66
Advocacy processes needed to address institutional and social barriers (85)	77		77
Total number of items		6	

Table 16- Training Needs for Non-Government Sector (Cont'd)

Training need area	Importance (%)		Limited Preparedness (%)
Domain 4: Case and Caseload Management	-	-	-
Domain 5: Health Care and Disability Systems			
Appropriate medical intervention resources (39)	74		83
Employer-based disability prevention and management strategies (56)	80		71
Manage care concepts (75)	77		77
Health care delivery systems (76)	80		77
Total number of items		4	
Domain 6: Medical, Functional, and Environmental Implication of Disability			
Legislation or laws affecting individual with disabilities (3)	89		66
Total number of items		1	

Training Needs for Non-Government Sector

The same analytical procedures employed in an examination of training for across setting were used. The cut off point for high important rating was the median of 74.3%, and the cut off point for limited preparedness was the median of 65.7%. As showed in Table 16, Participants in the non-government sector identified 25 knowledge areas that were rated as "high" important and "limited" preparedness.

Consistent with the government sector, the *Career Counseling, Assessment, and Employer Services* domain contained the highest numbers of knowledge areas that met the criteria for identifying the critical training needs in the non-government sector. The eight knowledge areas identified by this subsample ranged in high important ratings from 74% to 86% in importance ratings and from 66% to 74% in limited preparedness ratings. There was only the knowledge of computer-based job matching systems that were identical with training need indentified by practitioners of across setting and of the government sector. The seven knowledge areas, including occupation and labor market information; employer practices that affect the employer to return to work; consultation services available from rehabilitation counselors for employers; client job retention skills, assistive technology; work conditioning or work hardening resources and strategies; and computer-based assessment tools that were identified as a unique training needs for the non-government sector.

The *Counseling Theories, Techniques, and Application* domain contained the second highest number of knowledge areas that were perceived as critical training needs for the non-government sector. Of the six identified training need areas, the knowledge area of family counseling theories was identical with the critical training need identified

by the total sample or practitioners across setting, with both the high important rating and limited preparedness rating of 74%. Other five knowledge areas were unique raining needs identified by this subsample, with the high important ratings ranged from 74% to 80% and from 69% to 77% in limited preparedness ratings.

The *Rehabilitation Services and Resources* domain also contained the second highest number of knowledge areas that were perceived as critical training needs for the non-government sector. Six knowledge areas in this domain were identified as critical training needs with the important ratings ranged from 74% to 89% and from 66% to 77% for limited preparedness ratings. Of the six identified training need areas, the knowledge of community resources and services for rehabilitation planning; and financial resources for rehabilitation services were identical with the critical training needs identified by the total sample or practitioners across setting. Furthermore, the knowledge of financial resources for rehabilitation services was also identified as a critical training area for practitioner in the government sector.

The *Health Care and Disability System* domain contained four knowledge areas that were perceived as critical training needs with the important ratings ranged from 74% to 80% from 71% to 83% for limited preparedness ratings. The two knowledge areas of appropriate medical intervention resources; and manage care concept were identical with the training need areas identified by practitioners across setting. However, two knowledge areas in this domain, including employer-based disability prevention and management strategies, and health care delivery systems were the unique training needs as identified by this subsample.

The *Medical, Functional, and Environmental Implication of Disability* domain is the very unique need as identified by practitioners working in this particular type of setting as it contained the knowledge area that was not identified as a critical training need for practitioners working both across setting and in government sector. The knowledge of legislation or laws affecting individual with disabilities met the criteria of the critical training need with the high important rating of 89% and 66% in limited preparedness rating.

Consistent with across setting and government sector, the *Case and Caseload Management* domain did not contain any critical training need for this subsample.

Demographic Differences in Perceived Importance Job Function

In order to determine whether the perceived importance of job function differed according to demographic characteristics of the sample according to research question 6, a series of MANOVAs were computed. MANOVA's assumptions of independent, homoscedasticity, and normality were met. The dependent variables were the mean perceived importance of seven job function domains. The independent variables for this analysis were: 1) work setting, 2) years of experience, and 3) level of education.

A significant multivariate F (Wilk Lamda= .776, F (7, 82) =3.381, $P \leq .05$) was found for the setting independent variable. Subsequently, a follow-up analysis was conducted to assess whether there are differences among groups on the job function means for certain dependent variables and for particular linear combinations of dependent variables. In other words, multiple ANOVAs were computed for each dependent variable using the Bonferroni approaches which the alpha level was divided by seven for each pair comparison to control type I error (alpha=.05/7= .007). The results indicated significant

differences on two of the seven job function domains. To illustrate, the vocational rehabilitation practitioners across employment setting rated *Providing Vocational Counseling and Consultation*; *Conducting Counseling Interventions*; *Case Management*, *Conducting Assessment*, and *Practicing Professional Advocacy* domain as similarly important. However, a post hoc comparison indicated that practitioners who worked in the non-government sector (M=3.01) rated *Using Community-Based Rehabilitation Services* as more important than practitioners in the government sector (M=2.55). Practitioners working in non-government sector (M=2.93) also rated *Applying Research to Practice* as more important than practitioners working in the government sector (M=2.32).

A significant multivariate F (Wilk Lamda= .544, F (21, 221) =2.50, $P \leq .001$) was also found for years of experience. As a follow-up analysis, multiple ANOVAs were computed for each dependent variable using the Bonferroni approaches which the alpha level was divided by seven for each pair comparison to control type I error (alpha=.05/7= .007). The results revealed no significant differences on all of the seven knowledge domains from practitioners who had work experience in the different levels when using the adjusted alpha.

There was no significant multivariate found for the level of education variable. This indicated that the participants' perceived importance of job functions were similar among practitioners who attained different levels of education.

Qualitative information from Open-Ended Question

Important Knowledge Areas

According to the open-ended question included in the KVI-R, the participants were asked to indicate whether there are other knowledge areas perceived as important but may not be included in the current survey instrument.

Knowledge regarding architectural barriers was addressed as important for working for individuals with disabilities in Thailand. Besides the knowledge in the area of competitive labor market, knowledge of agriculture, handicraft job, and home economic were identified as important for practicing in the field of vocational rehabilitation in Thailand. Knowledge regarding spirituality approach, community-based rehabilitation, sport and recreation, and personality development were addressed as important knowledge for working for individuals with disabilities. There was one participant addressed that knowledge regarding independent living, Individualized Family Services Plan (IFSP), and Individualized Education Plan (IEP) were important knowledge areas. In terms of professional practices, knowledge regarding professional ethics and multicultural perspective were addressed as important.

Important Skill Areas

In the RSI-R, the participants were asked to indicate in the open-ended question whether there are other job functions or skills areas perceived as important but may not be included in the current survey instrument. There was one participant addressed that the professionals shall practice without bias as it requires special knowledge and skill to work with individuals with disabilities comparing to those without disabilities. The skill

in human resource management was identified as important for working in the field of vocational rehabilitation.

Other Comments

Limited financial resources for assistive devices were addressed to be one of the important issues. One participant addressed that there should be an available guideline for selecting assistive devices appropriately for each type of disability. Client involvement in rehabilitation process was also indicated as important for effective rehabilitation process.

Professional issues concerning staff recruitment and positioning were indicated as important. To illustrate, there are mismatches between staffs' educational backgrounds and the actual work role. In addition, job titles of current practitioners do not match with the current work role. It was addressed that there should be personnel development in order that effective services are. There should also have collaboration among government sector, non-government sector or business sector in promoting rehabilitation services of individuals with disabilities. Outreach services were addressed as important to identify specific needs for individuals with disabilities who live in rural areas. Dissemination regarding successfulness rehabilitation outcome for individuals with disabilities was addressed as important in terms of increasing positive societal attitudes toward individuals with disabilities.

CHAPTER V

DISCUSSION

The purpose of this study is to understand the general characteristics of vocational rehabilitation practitioners who are working in the field in Thailand and to identify the training needs of those practitioners through an examination of their perceived importance and preparedness of various knowledge domains. The results of this study provide an empirically based description of the knowledge areas and the functions in relation to the current practices of vocational rehabilitation practitioners in Thailand.

Relationship with Previous Research

In this study, the sets of knowledge and skill areas were derived from the KVI-R and the RSI-R that included the detailed description of the knowledge and skill areas associated with the practices of rehabilitation counselors in the United States. Generally, the development of these sets of knowledge and function items was from comprehensive literature reviews of related studies and from the opinion of a panel of experts in the field. Although the sets of knowledge and functions areas used in the current study were derived from the U.S based population, the results have subsequently indicated that all 92 knowledge (M=2.81) and all 120 job function (M=2.77) items were rated by Thai vocational rehabilitation practitioners as at least "important" (a rating of 2 or above) in working with individuals with disabilities in the field, regardless of work settings. Therefore, it is evident that the knowledge and skill areas included in the current study are relevant to the practice of vocational rehabilitation practitioners in Thailand.

In terms of the method to identify the training needs of vocational rehabilitation practitioners in Thailand, Berven's data analysis technique was employed. As this method has been implemented in many studies conducted in the United States, the result of the current study would be comparable to those conducted in the United States in terms of the way that training needs are defined and identified.

Characteristics of Current Practitioners

The results of this study indicated that the current vocational rehabilitation practitioners were from various education backgrounds in terms of level of education achieved and program graduated. Approximately 51% of the current practitioners who provide direct services to individuals with disabilities attained less than college degree and also graduated from a wide range of educational programs. In addition, most participants did not graduate from disability related programs or health care related programs. However, the participants reported years of experience with the mean of approximately 10 years. This may imply the high job retention rate of current practitioners in the field.

Observed mismatches among the qualifications, job titles, and work roles of the current practitioners are noteworthy. Because there are no unified descriptions of the vocational rehabilitation practice and there is no unified job title that characterized the specific work role as a vocational rehabilitation practitioner, the area of vocational rehabilitation might be under recognized by the public and also under utilized by individuals with disabilities and their families.

Job Functions

The results of this current study provide descriptions of the vocational rehabilitation job functions. It is interesting that the job function domain rated as mostly important was *Managing Case* (*M*=2.83, *SD*=.75) and the job function domain perceived as the least important was *Applying Research to Practice* (*M*=2.55, *SD*=.89). Both were consistent with the study conducted in the United States by Leahy et al. (2003). In addition, the vocational rehabilitation practitioners in Thailand reported that the most frequently performed job function domain was *Managing Case* (*M*=2.20), followed by *Conducting counseling Intervention* (*M*=2.18), *Practicing Professional Advocacy* (*M*=2.00), *Using Community-Based Rehabilitation Services* (*M*=1.99), *Providing Vocational Counseling and Consultation, Conducting Assessments* (*M*=1.92), and *Applying Research to Practice* (*M*=1.63). The job function item that was reported as mostly performed was interviewing the client to collect and verify the accuracy of case information (*M*=2.75), followed by assessing the significance of client's disability in consideration of medical, psychological, educational, and social support status (*M*=2.66), and performing caseload management activities (*M*=2.51).

The analysis of job function of the current study provides empirical based information regarding the current practices. *Managing case* was perceived by the vocational rehabilitation practitioners in Thailand as the most important and frequently performed function domain. This appears logical as working with individuals with disabilities requires utilization of an array of services available. The function item of expert testimony was perceived as both the least important (*M*=2.27) and the least frequently performed (*M*=1.29) job function.

Knowledge Domains

The knowledge domain perceived by vocational rehabilitation practitioners as the most important was *Case and Caseload Management* (*M*=2.90, *SD*=.66). This finding confirms that both knowledge and skill regarding case management is perceived as very important in the current practice for Thai vocational rehabilitation practitioners. While the study conducted by Leahy et al. (2003) indicated that the U.S based rehabilitation counselors rated the *Medical, Functional, and Environmental Implication of Disability* as the most important knowledge domain, Thai participants perceived this particular knowledge domain as the second most important (*M*=2.88, *SD*=.69). In addition, identical with U.S. based participants in the same study, Thai vocational rehabilitation practitioners perceived *Health Care and Disability Systems* as the least important knowledge domain (*M*=2.74, *SD*=.79).

Consistent with the job function analysis, the knowledge item of expert testimony was perceived as both the least important (*M*=2.03) and the least adequately prepared (*M*=1.33) knowledge area. This finding confirmed that the practice that the professional witnesses who have expertise and specialized knowledge in a disability provides opinions, information, or evidences regarding disability-related issues is not generally implemented in Thailand.

Training Needs of Vocational Rehabilitation Practitioners

According to the results of this study, it appears that vocational rehabilitation practitioners have some specific training needs that should be addressed. Of the 92 knowledge items, there were 10 knowledge areas perceived by practitioners across settings to be important but at the same time were limited in preparation.

The training needs that appeared to be identical with the study conducted in the United States (Chan et al., 2003) were financial resources for rehabilitation services; social security programs, benefit, and disincentives; an advocacy process needed to address institutional and social barriers that impede access, equity, and success for clients; and appropriate medical intervention resources. The training needs areas that appear to be inconsistent with the results from the same study were job analysis, computer-based job matching systems, family counseling, community resources and services for rehabilitation planning, life care planning, and manage care concepts.

Looking at the unique needs of the practitioners in Thailand, it is evident that systematic job analysis and a computer-based job matching system are not generally or widely implemented in Thailand. As community-based rehabilitation approaches are used in the field of health care, it is also logical that the vocational rehabilitation practitioners perceived this area as the critical training need. The critical training need in the area of family counseling is logical as Thailand is a collective society rather than an individualist society.

In the area of life care planning and manage care concepts, because the health care system in Thailand differs from that in the United States, these terms were translated in general senses rather than in the light of disability health insurance system in the U.S. To illustrate, the term life care planning refers to the concept that disability services are effectively managed throughout one's life. The term manage care concept refers to the provisions of services for optimal health benefits and quality of care for the clients.

Setting-Related Differences

The results of this present study reveal the differences of perceived importance of various job functions between two primary settings. Although each job function was rated as important by the participants (rating of 2 or higher), differences between two work settings were statistically significant. The results were also consistent with the recent studies conducted for the U.S. population (Leahy et al., 2003; Leahy et al., 1993; Rubin et al., 1984). This finding seems logical as there are differences in such areas as organization policy, mission, services provided, and the population served of these two major types of setting.

Implications

Development of Training Program

The results of the current study appear to have several potential implications for the development of vocational rehabilitation training program. Because of information gained directly from the current practitioners, this study has direct benefits for the development of in-service training programs. Although trainings are currently provided by various training sources, the identified training needs may be considered as the first priorities to be provided in order to meet the most critical needs. In addition, the information can be used by pre-service rehabilitation counseling or related programs in refining their current curriculum or introducing the new content into their curriculums. The results of this study can be used to promote a discussion among rehabilitation counseling educators or educators in related fields regarding the development of training that respond to the critical needs of the current practices.

Professional Development

The findings from this study can be used by current practitioners to define the scope of practice that serves to inform the public, consumers, policy makers, legislators, and other stake holders regarding the practice of vocational rehabilitation practitioners. Because of a current mismatch among qualifications, job titles, and work roles of the practitioners as well as a nonexistent job title as a rehabilitation counselor on the government's civil job title directory, providing appropriate trainings to increase trained and qualified practitioners is considered a critical application of this current research because it subsequently affects a potential to include and represent vocational rehabilitation counseling in government and non-government rehabilitation systems.

Future Research

This study is the first empirical study that attempts to identify the training needs of current vocational rehabilitation practitioners in Thailand. As it is considered exploratory, repeated studies in the same area are recommended because it would allow rehabilitation educators, researchers, or practitioners to assess the field of rehabilitation counseling from a developmental perspective. The continuing assessments of the critical training needs in responding to emerging changes would result in the up-to-date improvement of practices, which subsequently improve quality of services being provided to individuals with disabilities.

Revision of the instrument to better fit the practice environments in Thailand is also necessary. There was an open-ended question included into each instrument to identify the knowledge and skill areas not covered in the instrument that may be useful to

identify new items for testing in the future revisions of the instrument. A Delphi method could be used for the determination of content validity of future instrument development.

In addition, a comparison of perceived important job functions and knowledge domains between graduates who are trained directly from the rehabilitation services program and the general current practitioners may be helpful to identify differences in relation to whether or not the practitioners are directly trained to provide vocational rehabilitation services.

Limitations of the Study

The findings from this study should be reviewed and applied within the context of certain important limitations. The first limitation relates to the issue of generalizability. The participants in this study were recruited from the five vocational rehabilitation agencies operated under the Department of Social Development of the Ministry of Social Development and Human Security, the Rehabilitation Service Unit of Ratchasuda College of Mahidol University, and four other non-government vocational rehabilitation agencies. As a result, the findings are not generalizable to other vocational rehabilitation agencies across the country.

The second limitation involves the psychometric properties of the instrument. Although the research instrument was based on the comprehensive set of knowledge areas and job functions contained in the KVI-R and RSI-R, those contents were developed for training needs of rehabilitation counselors practicing in the United States. In addition, although the analysis of internal consistency indicated a moderate to high reliability of the instrument, a pilot testing of the translated instrument was conducted with five doctoral candidates who were not directly in the field of disability for

translation validity purpose. As mentioned previously, the development of research instrument to better fit the practice environments in Thailand is necessary.

Finally, the identified training needs should be utilized under the operational definitions training needs used in this study and also the method that the training needs were identified. Other definitions of training needs or other methods to indentify the training needs might yield the different results.

APPENDICS

Appendix A: Covered Letter

To: Rehabilitation Practitioners
From: Ms. Wilaiporn Kotbungkair, Investigator
Topic: Study on Training Needs of Vocational Rehabilitation Practitioners

You have been selected to participate in this study of training needs of rehabilitation practitioners working with individuals with disabilities in Thailand. This study is initiated by Ms. Wilaiporn Kotbungkair, a doctoral student at Michigan State University, United States which aims to identify training needs of rehabilitation practitioners working with people with disability in Thailand, through an examination of your responses in importance and preparedness of various knowledge domains. This study also seeks to better understand general demographic characteristics of rehabilitation practitioners and their current job functions.

Your participation may also have several distinct benefits of value to you. Your help may make the initiation of rehabilitation training more consistent with your current needs and professional goals. You will also have the opportunity to receive evaluate yourself in this confidential checklist of various knowledge and skills relating to rehabilitation practice.

The questionnaires include three parts: the demographic questionnaire, the Knowledge Validation Inventory-Revised, and the Skill Inventory-Revised. I would greatly appreciate your completing the enclosed questionnaires and returning it to the investigator along with the signed informed consent form via stamped return envelop provided within two 2 weeks of receipt. Instructions are printed on the front of each questionnaire. Please review them carefully before you begin.

P.S The investigator will send you a gift in order to say thank you for your time in participating in this study

Sincerely,

Wilaiporn Kotbungkair

Appendix B: Covered Letter (Thai)

เรียน ผู้ปฏิบัติงานฟื้นฟูสมรรถภาพผู้พิการ

จาก นางสาววิไลภรณ์ โคตรบึงแก (ผู้รับผิดชอบโครงการวิจัย)

เรื่อง การศึกษาเรื่องความต้องการในการฝึกอบรมของผู้ปฏิบัติงานด้านการฟื้นฟูสมรรถภาพผู้พิการ

ท่านได้รับการคัดเลือกให้เข้าร่วมในการศึกษาในหัวข้อความต้องการในการฝึกอบรมของผู้ปฏิบัติงานด้านการฟื้นฟูสมรรถภาพผู้พิการ ซึ่งจัดทำขึ้นโดยนางสาว วิไลภรณ์ โคตรบึงแก นักศึกษาระดับปริญญาเอก ในสาขาการให้คำปรึกษาด้านการฟื้นฟูสมรรถภาพ (Rehabilitation Counseling) ณ มหาวิทยาลัยแห่งรัฐมิชิแกน (Michigan State University) ประเทศสหรัฐอเมริกา โดยมีวัตถุประสงค์ที่จะศึกษาถึงความต้องการในการฝึกอบรมของผู้ปฏิบัติงานด้านการฟื้นฟูสมรรถภาพผ่านทางการประเมินความคิดเห็นของท่านเกี่ยวกับความสำคัญของหมวดความรู้ด้านต่างๆในการทำงานฟื้นฟูสมรรถภาพผู้พิการและความพร้อมที่ท่านที่ได้รับจากการศึกษาที่ผ่านมาในหมวดความรู้ต่างๆเหล่านั้น การศึกษาครั้งนี้ยังมีวัตถุประสงค์เพื่อการเกิดความเข้าใจที่ดีขึ้นในข้อมูลพื้นฐานทั่วไปของผู้ปฏิบัติงานฟื้นฟูสมรรถภาพผู้พิการในประเทศไทย รวมถึงเกิดความเข้าใจในหน้าที่การทำงานต่างๆที่ท่านได้ปฏิบัติอยู่

ความร่วมมือของท่านในการศึกษาครั้งนี้ยังอาจเกิดประโยชน์แก่ตัวท่านเอง ในแง่ที่ท่านอาจเป็นส่วนหนึ่งที่ทำให้เกิดการฝึกอบรมที่เหมาะสมและสอดคล้องกับความต้องการจริงของผู้ปฏิบัติงานด้านการฟื้นฟูสมรรถภาพผู้พิการในอนาคต อีกทั้งท่านอาจใช้หมวดความรู้และหมวดหน้าที่การทำงานต่างๆนี้ในการประเมินการทำงานของท่านเองได้อีกด้วย

แบบสอบถามทั้งหมดประกอบไปด้วยชุดแบบสอบถามสามส่วนย่อยคือ 1) แบบสอบถามเกี่ยวกับข้อมูลทั่วไป 2) แบบสอบถามเกี่ยวกับความรู้ทางการฟื้นฟูสมรรถภาพผู้พิการ และ 3) แบบสอบถามเกี่ยวกับทักษะทางการฟื้นฟูสมรรถภาพผู้พิการ การตอบแบบสอบถามจะใช้เวลาประมาณ 45-60 นาทีในการตอบคำถามทั้งหมด คำอธิบายในการตอบแบบสอบถามแต่ละชุดถูกระบุไว้ที่หน้าแรกของแบบสอบถามชุดนั้นๆ ขอความกรุณาอ่านคำอธิบายอย่างละเอียดก่อนที่ท่านจะเริ่มตอบแบบสอบถาม ผู้วิจัยขอขอบคุณล่วงหน้าที่ท่านได้ให้ความร่วมมือกับการศึกษาครั้งนี้โดยการตอบแบบสอบถามทั้งสามส่วนอย่างครบถ้วนสมบูรณ์และส่งกลับมายังผู้วิจัยโดยซองเอกสารที่จ่าหน้าถึงผู้วิจัยที่ได้ให้ไว้ภายในหนึ่งสัปดาห์หลังจากได้รับแบบสอบถาม

ป.ล. ทางผู้วิจัยจะมอบของขวัญเพื่อเป็นการขอบคุณที่ท่านได้เสียสละเวลาอันมีค่าของท่านในการตอบแบบสอบถามในครั้งนี้ตามที่อยู่ที่ท่านให้ไว้

ด้วยความนับถืออย่างสูง

วิไลภรณ์ โคตรบึงแก

Appendix C: Informed Consent

INFORMED CONSENT FORM

Study Title: Training Needs of Rehabilitation Practitioners

To: Rehabilitation Practitioner

This research is a study conducted by Ms. Wilaiporn Kotbungkair, a doctoral student in the Rehabilitation Counseling program at Michigan State University, United States, under supervision of Professor Michael J. Leahy, Ph.D. This study aims to identify training needs of rehabilitation practitioners working with people with disability in Thailand. The survey should take about 45-60 minutes to complete. The health risks associated with this survey are minimal as each participant will only be answering questions with regard to various knowledge and skills domains. In addition, this study does not intend to evaluate your work performance.

This research is voluntary and you can withdraw or refuse to answer any particular question without penalty. Your responses will be released only as summaries in which no individual's answer can be identified. In addition, only those directly involved in this study will be allowed to access the research data. If you would prefer not to participate, please let us know by simply return the blank survey.

You must be at least 18 years old to participate. If you are not 18 or older, please inform the researcher and do not complete the survey.

P.S When the completed questionnaire is returned, the investigator will send you a gift in order to say thank you and to compensate for your time in participating in this study via mailing address that you provide.

Thank you very much

Investigator contact information:

Name: Professor Michael J. Leahy, Ph.D.
(Principal Investigator and Academic Advisor)

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If you have any questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this research study, you may contact, anonymously if you wish, Michigan State University Human Research Protection Program at the following contact information:

Michigan State University Human Research Protection Program
Mailing: 202 Olds Hall
East Lansing, MI 48824-1034, U.S.A
Phone: +1 (517) 355-2180
Fax: +1(517) 432-4503
Email address: irb@msu.edu

Please keep this sheet for your reference

Appendix D: Informed Consent (Thai)

รายละเอียดการยินยอมมีส่วนร่วมในการศึกษา

เรื่อง ความต้องการในการฝึกอบรมของผู้ปฏิบัติงานด้านการฟื้นฟูสมรรถภาพผู้พิการ
เรียน ผู้ปฏิบัติงานด้านการฟื้นฟูสมรรถภาพผู้พิการ

การศึกษาเรื่องความต้องการในการฝึกอบรมของผู้ปฏิบัติงานด้านการฟื้นฟูสมรรถภาพผู้พิการนี้ จัดทำขึ้นโดย นางสาววิไลภรณ์ โคตรบึงแก นักศึกษาระดับปริญญาเอก ในสาขาการให้คำปรึกษาด้านการฟื้นฟูสมรรถภาพ (Rehabilitation Counseling) ณ มหาวิทยาลัยแห่งรัฐมิชิแกน (Michigan State University) ประเทศสหรัฐอเมริกา โดยความดูแลของ ศาสตราจารย์ ดร. ไมเคิล เจย์ เลฮีย์ (Professor Michael J. Leahy, Ph.D.) โดยมีวัตถุประสงค์เพื่อศึกษาถึงความต้องการในการฝึกอบรมของผู้ปฏิบัติงานด้านการฟื้นฟูสมรรถภาพผู้พิการ โดยการตอบแบบสอบถามนี้จะใช้เวลาประมาIณ 45-60 นาทีในการตอบคำถามทั้งหมด ความเสี่ยงทางด้านสุขภาพอาจที่เกิดจากการที่ท่านได้เข้าร่วมในการวิจัยครั้งนี้มีน้อยมาก เนื่องจากท่านเพียงแต่ตอบแบบสอบถามเกี่ยวกับหมวดความรู้และหน้าที่การทำงานในด้านต่างๆ อันเกี่ยวข้องกับการฟื้นฟูสมรรถภาพผู้พิการเท่านั้น อีกทั้งการทำวิจัยครั้งนี้จัดทำขึ้นไม่ได้จัดขึ้นโดยมีเป้าหมายเพื่อการประเมิณประสิทธิภาพการทำงานของท่านแต่อย่างใด

การมีส่วนร่วมในการวิจัยนี้ขึ้นอยู่กับความสมัครใจของท่าน และท่านอาจจะยุติการตอบแบบสอบถามเมื่อใดก็ได้หรือยกเว้นที่จะไม่ตอบคำถามข้อใดข้อหนึ่งได้โดยไม่มีโทษใดๆเกิดขึ้นภายหลัง

หากท่านมีความยินดีที่จะมีส่วนร่วมในการศึกษาครั้งนี้ขอโปรดทราบว่าข้อมูลต่างๆของท่านจะถูกเก็บเป็นความลับและนำไว้ใช้ประโยชน์สำหรับการวิจัยโดยผู้ที่เกี่ยวข้องโดยตรงกับการศึกษานี้เท่านั้น อีกทั้งจะไม่มีการระบุหรือเชื่อมโยงถึงตัวท่านกับข้อมูลที่ท่านได้ตอบไว้ในแบบสอบถาม อย่างไรก็ตามหากท่านมีความประสงค์ที่จะไม่เข้าร่วมในงานวิจัยครั้งนี้ ขอความกรุณาโปรดคืนแบบสอบถามเปล่าที่ยังไม่ได้เขียนข้อความใดๆมายังผู้วิจัย

ผู้ตอบแบบสอบถามจะต้องเป็นผู้ที่มีอายุไม่ต่ำกว่า18 ปีบริบูรณ์ หากท่านอายุไม่ถึงเกณฑ์ดังกล่าวขอความกรุณาท่านโปรดแจ้งนักวิจัยให้ทราบและคืนแบบสอบถามเปล่ากลับคืนมายังผู้วิจัย

ป.ล. เมื่อแบบสอบถามที่ท่านตอบอย่างสมบูรณ์ถูกส่งกลับมายังผู้วิจัย ทางผู้วิจัยจะมอบของขวัญเพื่อเป็นการขอบคุณที่ท่านได้เสียสละเวลาอันมีค่าของท่านในการตอบแบบสอบถามในครั้งนี้ทางไปรษณีย์ ตามชื่อและที่อยู่ที่ท่านให้ไว้

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หากท่านมีคำถามข้อสงสัยเกี่ยวกับสิทธิของผู้ตอบแบบสอบถาม ต้องการที่จะได้รับข้อมูลหรือให้ข้อมูลใดๆ หรือต้องการที่จะร้องทุกข์เกี่ยวกับการศึกษาในครั้งนี้ ท่านอาจติดต่อส่วนงานพิทักษ์งานวิจัยอันเกี่ยวข้องกับมนุษย์ (Michigan State University Human Research Protection Program) โดยไม่จำเป็นต้องเปิดเผยนาม ได้ตามรายละเอียดดังต่อไปนี้

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Appendix E: Participant Recruitment

Participant Recruitment Criteria

This study of training needs of rehabilitation practitioner aims to identify training needs of rehabilitation practitioners from both government and other type of agencies such as non-government agencies or independent living centers. Participants must have age of 18 years old or older and their job roles and functions are closely related to the followings:

> Practitioners who help people deal with the personal, social, and vocational effects of disabilities. They counsel people with disability resulting from birth defects, illness or disease, accidents, or other causes. They evaluate the strengths and limitations of the individuals, provide personal and vocational counseling, and arrange for medical care, vocational training, and job placement. They interview both individuals with disabilities and their families, evaluate school and medical reports, and confer with physicians, psychologists, occupational therapists, and employers to determine the capabilities and skills of the individual. They develop rehabilitation programs by conferring with clients where these programs often include training to help client develop job skills. Rehabilitation counselors also work toward increasing the client's capacity to live independently

Please note that rehabilitation practitioners who meet above criteria may perform their job under different job titles and it is not limited in their educational level and degree earned.

Appendix F: Participant Recruitment (Thai)

รายละเอียดในการคัดเลือกผู้ตอบแบบสอบถาม

การศึกษาเรื่องความต้องการในการฝึกอบรมของผู้ปฏิบัติงานด้านการฟื้นฟูสมรรถภาพผู้พิการนี้มีกลุ่มเป้าหมายที่ผู้ปฏิบัติงานฟื้นฟูสมรรถภาพผู้พิการทั้งในภาครัฐและภาคอื่นๆเช่น องค์กรไม่แสวงหาผลกำไร (NGOs) องค์กรท้องถิ่นเพื่อผู้พิการ (Community-Based Rehabilitation Programs) หรือศูนย์เพื่อการดำรงชีวิตอย่างอิสระของผู้พิการ (Independent Living Centers) โดยผู้ที่จะเข้าร่วมในการศึกษาครั้งนี้ต้องเป็นผู้ที่มีอายุไม่ต่ำกว่า 18 ปี บริบูรณ์ และมีหน้าที่การทำงานที่ตรงหรือใกล้เคียงกับคำนิยามดังต่อไปนี้

> "เป็นเจ้าหน้าที่ผู้ปฏิบัติงานฟื้นฟูสมรรถภาพที่ให้ความช่วยเหลือแก่บุคคลในด้านต่างๆ ทั้งด้านชีวิตส่วนตัว สังคม และอาชีพ อันเป็นผลสืบเนื่องมาจากความพิการ เป็นผู้ให้คำปรึกษาแก่ผู้พิการทั้งผู้ที่มีความพิการมาแต่กำเนิด พิการอันเนื่องมาจากความเจ็บป่วยหรือโรคต่างๆ พิการอันเนื่องมาจากอุบัติเหตุหรือสาเหตุอื่นๆ โดยทำการประเมินจุดแข็งและข้อจำกัดของแต่ละบุคคล ให้คำปรึกษาทั้งในเรื่องส่วนตัวและอาชีพ และจัดการด้านการรักษาทางแพทย์ การฝึกอาชีพ และการจัดหางาน
>
> เจ้าหน้าที่ผู้ปฏิบัติงานฟื้นฟูสมรรถภาพทำการสัมภาษณ์ผู้พิการหรือครอบครัวของผู้พิการ ประเมินเอกสาร/รายงานทางการศึกษาหรือทางการแพทย์ และปรึกษากับแพทย์ นักจิตวิทยา นักกายภาพบำบัด/นักอาชีว-บำบัด และนายจ้าง เพื่อที่จะประเมินความสามารถและทักษะต่างๆของผู้พิการที่มารับบริการ อีกทั้งยังปฏิบัติงานเพื่อพัฒนาศักยภาพของผู้พิการเพื่อที่จะอยู่อย่างอิสระหรือพึ่งพาตนเองได้ต่อไป"

ทั้งนี้ผู้ที่ปฏิบัติงานที่มีหน้าที่การทำงานตรงหรือใกล้เคียงกับคำนิยามดังกล่าวสามารถเข้าร่วมในการศึกษาครั้งนี้ได้โดยไม่มีข้อจำกัดด้านระดับการศึกษาและคุณวุฒิการศึกษาที่สำเร็จมา หรือจำกัดในชื่อตำแหน่งงานอย่างใดอย่างหนึ่งเป็นการเฉพาะ

Appendix G: Demographic Questionnaire

DEMOGRAPHIC QUESTIONNAIRE

Instruction: Please answer the following questions by checking the response that describe you the best

1. **Gender:**
   - ☐ Male
   - ☐ Female

2. **Age: _____Years**

3. **Highest Achieved Education:**
   - ☐ Less than high school
   - ☐ High school
   - ☐ Associate degree (e.g. AA)
   - ☐ Bachelor's degree (e.g. BA)
   - ☐ Graduate degree (e.g. MA, PhD)

4. **Education Background (Major):**
   - ☐ Rehabilitation Counseling/Rehabilitation Services
   - ☐ Social Work
   - ☐ Sociology
   - ☐ Psychology
   - ☐ Occupational Therapy/Physical Therapy
   - ☐ Education
   - ☐ Nursing
   - ☐ Other (Please specify) _____

5. **To what extent does your previous education focus on disability related issues?**
   - ☐ Not at all
   - ☐ To a slight degree
   - ☐ To a moderate degree
   - ☐ To a considerably degree
   - ☐ Almost completely

6. **Years of Experiences in working with persons with disabilities:_____Years**

7. **Disability-related training experiences**

Program (Topic)	Hours	Provider	Date attended

8. **Type of Work Setting:**
   - ☐ Public Agency
   - ☐ NGOs or Community Based Rehabilitation Program
   - ☐ Independent Living Center
   - ☐ Others (Please specify)_____

9. **Current Job Title:**_____

10. **Estimated caseload size:** _____

11. **Do you have specialized caseload consisting of clients with any one of the following disabling condition:**
   - ☐ No, I serve general caseload
   - ☐ Physical Disabilities
   - ☐ Visual Impairments
   - ☐ Hearing Impairments
   - ☐ Intellectual Disabilities
   - ☐ Learning Disabilities
   - ☐ Other neurological disorders
   - ☐ Psychiatric Disorders
   - ☐ Alcohol and Drug Abuse
   - ☐ Other disabilities (Please specify) _____

12. **Work Role: (May select more than one options)**
   - ☐ Agency Administrator
   - ☐ Agency Supervisor
   - ☐ Rehabilitation Counselor
   - ☐ Social Worker
   - ☐ Psychologist
   - ☐ Psychiatrist
   - ☐ Job Placement Specialist
   - ☐ Vocational Evaluator
   - ☐ Vocational Trainer
   - ☐ Rehabilitation Nurse
   - ☐ Others (Please specify) _____

13. What are services provided by your organization? (May select more than one options)

- ☐ Vocational training/Vocational rehabilitation
- ☐ Counseling
- ☐ Medical Rehabilitation
- ☐ Job Placement Service
- ☐ Information and Referral
- ☐ Group and Individual Advocacy
- ☐ Financial Support
- ☐ Assistive Technology
- ☐ Other (please specify)_____

Appendix H: Demographic Questionnaire (Thai)

แบบสอบถามเกี่ยวกับข้อมูลทั่วไป

คำอธิบาย

ขอความกรุณาโปรดตอบแบบสอบชุดนี้อย่างสมบูรณ์โดยทำเครื่องหมาย X เลือกคำตอบ หรือกรอกข้อความที่สอดคล้องกับความเป็นจริงของตัวท่านมากที่สุด

1. **เพศ**
   - ☐ ชาย
   - ☐ หญิง
2. **อายุ**_____ปี
3. **การศึกษาสูงสุด**
   - ☐ ต่ำกว่าระดับมัธยมศึกษา
   - ☐ มัธยมศึกษา
   - ☐ ประกาศนียบัตรวิชาชีพ (ปวช.,ปวส.)
   - ☐ ปริญญาตรี
   - ☐ ปริญญาโท หรือ ปริญญาเอก
4. **สาขาทางการศึกษาที่สำเร็จมา**
   - ☐ การให้คำปรึกษาด้านการฟื้นฟูสมรรถภาพ/งานบริการฟื้นฟูสมรรถภาพผู้พิการ
   - ☐ สังคมสงเคราะห์ศาสตร์
   - ☐ สังคมวิทยา
   - ☐ จิตวิทยา
   - ☐ อาชีวบำบัด/กายภาพบำบัด
   - ☐ ศึกษาศาสตร์
   - ☐ พยาบาลศาสตร์
   - ☐ อื่นๆ (โปรดระบุ)_____
5. **สาขาการศึกษาที่ท่านสำเร็จมาได้มุ่งเน้นในด้านต่างๆ อันเกี่ยวข้องกับผู้พิการมากน้อยเพียงใด**
   - ☐ ไม่เลย
   - ☐ เพียงเล็กน้อย
   - ☐ ปานกลาง
   - ☐ ค่อนข้างมาก
   - ☐ มากเป็นอย่างยิ่ง

6. ประสบการณ์ในการทำงานด้านผู้พิการที่ผ่านมาทั้งหมด_____ปี

7. ประสบการณ์การฝึกอบรมที่เกี่ยวข้องกับผู้พิการและความพิการ

หัวข้อการอบรม	จำนวนชั่วโมง	จัดโดย	วันที่เข้าอบรม

8. ประเภทของหน่วยงานที่ท่านปฏิบัติงานอยู่

☐ หน่วยงานราชการ

☐ องค์กรไม่แสวงหากำไร (NGOs) หรือองค์กรท้องถิ่นเพื่อผู้พิการ (Community-Based Rehabilitation Program)

☐ ศูนย์การดำรงชีวิตอิสระของผู้พิการ (Independent Living Center)

☐ อื่นๆ (โปรดระบุ)_____

9. ชื่อตำแหน่งงานของท่านในปัจจุบัน_____

10. จำนวนของผู้รับบริการที่อยู่ในความดูแลของท่าน_____ราย

11. ท่านมีความเชี่ยวชาญพิเศษในให้บริการแก่ผู้ที่มีความพิการประเภทใดประเภทหนึ่งเหล่านี้หรือไม่

☐ ไม่ ข้าพเจ้าให้บริการแก่ผู้พิการทุกประเภท

☐ ผู้พิการทางกายและการเคลื่อนไหว

☐ ผู้พิการทางสายตาและการมองเห็น

☐ ผู้พิการทางการได้ยินและสื่อความหมาย

☐ ผู้ที่มีความพิการทางสติปัญญา

☐ ผู้พิการทางการเรียนรู้

☐ ผู้ที่มีอาการทางระบบประสาทอื่นๆ

☐ ผู้ที่มีอาการทางจิตเวช

☐ ผู้ติดสารเสพติด

☐ ผู้ที่มีความพิการประเภทอื่นๆ ระบุ_____

12. หน้าที่ในปัจจุบันของท่าน (สามารถเลือกได้มากกว่า 1 คำตอบ)

☐ ผู้บริหารองค์กร (Agency Administrator)
☐ หัวหน้างาน (Agency Supervisor)
☐ เจ้าหน้าที่ให้คำปรึกษาด้านการฟื้นฟูสมรรถภาพ (Rehabilitation Counselor)
☐ นักสังคมสงเคราะห์ (Social Worker)
☐ นักจิตวิทยา (Psychologist)
☐ ผู้เชี่ยวชาญด้านการจัดหางาน (Job Placement Specialist)
☐ นักประเมินด้านอาชีพ (Vocational Evaluator)
☐ ผู้ฝึกสอนด้านอาชีพ (Vocational Trainer)
☐ พยาบาลเวชศาสตร์ฟื้นฟู (Rehabilitation Nurse)
☐ อื่นๆ (โปรดระบุ)_____

13. บริการที่มีในหน่วยงานของท่าน (สามารถเลือกได้มากกว่า 1 คำตอบ)

☐ การฝึกหัดทางด้านอาชีพ หรือการฟื้นฟูสมรรถภาพทางด้านอาชีพ
☐ การให้คำปรึกษา
☐ การฟื้นฟูสมรรถภาพทางการแพทย์
☐ บริการจัดหางาน หรือการจ้างงานผู้พิการ
☐ การให้ข้อมูลต่างๆ และการให้บริการส่งต่อไปยังหน่วยงานอื่นๆที่เกี่ยวข้อง
☐ การให้การสนับสนุนแก่ผู้พิการ กลุ่มผู้พิการ หรือครอบครัวของผู้พิการ
☐ การสนับสนุนทางด้านการเงิน หรือเงินทุน
☐ การบริการเทคโนโลยีสิ่งอำนวยความสะดวก (Assistive Technology)
☐ อื่นๆ (โปรดระบุ)_____

Appendix I: Knowledge Validation Inventory-Revised

Knowledge Validation Inventory – Revised

Instruction

Please complete the entire questionnaire by marking **X** to select the response which describes you the best.

Listed below and on the following pages are knowledge area related to rehabilitation counseling. Please review these areas to determine their **importance** for rehabilitation counseling practice and your graduate **preparation** in rehabilitation counseling in today's multiple-stakeholder, practice-setting environments.

Rate each statement on a scale of 0-4 for both of the following:

Section1: The **IMPORTANCE** of the knowledge area described in the statement to your role as a rehabilitation practitioner in the setting in which you work

0 = Not Important
1 = Somewhat Important
2 = Important
3 = Very Important
4 = Extremely Important

Section 2: The degree of **PREPAREDNESS** that you feel you have in each area as a result of your education and training.

0 = No Preparation
1 = Little Preparation
2 = Moderate Preparation
3 = High Degree of Preparation
4 = Very High Degree of Preparation

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important					0 = No Preparation 1 = Little Preparation 2 = Moderate Preparation 3 = High Degree of Preparation 4 = Very High Degree of Preparation				
Knowledge Domain	**Importance**					**Preparedness**				
1. The history of rehabilitation.	0	1	2	3	4	0	1	2	3	4
2. The philosophical foundations of rehabilitation.	0	1	2	3	4	0	1	2	3	4
3. The legislation or laws affecting individuals with disabilities.	0	1	2	3	4	0	1	2	3	4
4. Rehabilitation terminology and concepts.	0	1	2	3	4	0	1	2	3	4
5. The organizational structure of the public vocational rehabilitation service delivery system.	0	1	2	3	4	0	1	2	3	4
6. The organizational structure of the not-for-profit service delivery systems.	0	1	2	3	4	0	1	2	3	4
7. The ethical standards for rehabilitation counselors.	0	1	2	3	4	0	1	2	3	4
8. The ethical standards for rehabilitation counselors.	0	1	2	3	4	0	1	2	3	4
9. Group counseling theories.	0	1	2	3	4	0	1	2	3	4
10. Group counseling practices and interventions.	0	1	2	3	4	0	1	2	3	4
11. Family counseling theories.	0	1	2	3	4	0	1	2	3	4
12. Family counseling practices and interventions.	0	1	2	3	4	0	1	2	3	4
13. Individual counseling theories.	0	1	2	3	4	0	1	2	3	4
14. Individual counseling practices and interventions.	0	1	2	3	4	0	1	2	3	4
15. Behavior and personality theory.	0	1	2	3	4	0	1	2	3	4
16. Human growth and development.	0	1	2	3	4	0	1	2	3	4
17. Multicultural counseling issues.	0	1	2	3	4	0	1	2	3	4
18. Gender issues.	0	1	2	3	4	0	1	2	3	4
19. Environmental barriers for individuals with disabilities.	0	1	2	3	4	0	1	2	3	4

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important					0 = No Preparation 1 = Little Preparation 2 = Moderate Preparation 3 = High Degree of Preparation 4 = Very High Degree of Preparation				
Knowledge Domain	**Importance**					**Preparedness**				
20. Attitudinal barriers for individuals with disabilities.	0	1	2	3	4	0	1	2	3	4
21. The services available for a variety of rehabilitation populations, including persons with multiple disabilities.	0	1	2	3	4	0	1	2	3	4
22. Rehabilitation services in diverse settings.	0	1	2	3	4	0	1	2	3	4
23. The case management process, including case finding, service coordination, referral to and utilization of other disciplines, and client advocacy.	0	1	2	3	4	0	1	2	3	4
24. Planning the provision of independent living services with clients.	0	1	2	3	4	0	1	2	3	4
25. Planning for vocational rehabilitation services with clients.	0	1	2	3	4	0	1	2	3	4
26. Community resources and services for rehabilitation planning.	0	1	2	3	4	0	1	2	3	4
27. Theories of career development and work adjustment.	0	1	2	3	4	0	1	2	3	4
28. Vocational implications of functional limitations associated with disabilities.	0	1	2	3	4	0	1	2	3	4
29. Occupational and labor market information.	0	1	2	3	4	0	1	2	3	4
30. Medical terminology.	0	1	2	3	4	0	1	2	3	4
31. Medical aspects and implications of various disabilities.	0	1	2	3	4	0	1	2	3	4
32. The psychosocial and cultural impact of disability on the individual.	0	1	2	3	4	0	1	2	3	4
33. The psychosocial and cultural impact of disability on the family.	0	1	2	3	4	0	1	2	3	4
34. The tests and evaluation techniques available for assessing clients' needs.	0	1	2	3	4	0	1	2	3	4

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important					0 = No Preparation 1 = Little Preparation 2 = Moderate Preparation 3 = High Degree of Preparation 4 = Very High Degree of Preparation				
Knowledge Domain	**Importance**					**Preparedness**				
35. Interpretation of assessment results for rehabilitation planning purposes.	0	1	2	3	4	0	1	2	3	4
36. Financial resources for rehabilitation services.	0	1	2	3	4	0	1	2	3	4
37. The evaluation procedures for assessing the effectiveness of rehabilitation services and outcomes.	0	1	2	3	4	0	1	2	3	4
38. The physical/functional capacities of individuals with disabilities.	0	1	2	3	4	0	1	2	3	4
39. Appropriate medical intervention resources.	0	1	2	3	4	0	1	2	3	4
40. Job analysis.	0	1	2	3	4	0	1	2	3	4
41. Job modification and restructuring techniques.	0	1	2	3	4	0	1	2	3	4
42. Accommodation and rehabilitation engineering services.	0	1	2	3	4	0	1	2	3	4
43. Job placement strategies.										
44. Supported employment strategies and services.	0	1	2	3	4	0	1	2	3	4
45. Employer practices that affect the employment or return to work of individual with disabilities.	0	1	2	3	4	0	1	2	3	4
46. Consultation services available from rehabilitation counselors for employers.	0	1	2	3	4	0	1	2	3	4
47. Job and employer development.	0	1	2	3	4	0	1	2	3	4
48. Client job seeking skills development.	0	1	2	3	4	0	1	2	3	4
49. Client job retention skills development.	0	1	2	3	4	0	1	2	3	4
50. Follow-up/post employment services.	0	1	2	3	4	0	1	2	3	4
51. Rehabilitation research literature.	0	1	2	3	4	0	1	2	3	4
52. Basic research methods.	0	1	2	3	4	0	1	2	3	4

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important					0 = No Preparation 1 = Little Preparation 2 = Moderate Preparation 3 = High Degree of Preparation 4 = Very High Degree of Preparation				
Knowledge Domain	**Importance**					**Preparedness**				
53. The design of research projects, program evaluation and needs assessment approaches.	0	1	2	3	4	0	1	2	3	4
54. Expert testimony.	0	1	2	3	4	0	1	2	3	4
55. Workers' compensation laws and practices.	0	1	2	3	4	0	1	2	3	4
56. Employer-based disability prevention and management strategies.	0	1	2	3	4	0	1	2	3	4
57. Substance abuse and treatment.	0	1	2	3	4	0	1	2	3	4
58. Social Security programs, benefits and disincentives.	0	1	2	3	4	0	1	2	3	4
59. Techniques for evaluating earnings capacity and loss.	0	1	2	3	4	0	1	2	3	4
60. Rehabilitation techniques for individuals with psychological disabilities.	0	1	2	3	4	0	1	2	3	4
61. Life care planning.	0	1	2	3	4	0	1	2	3	4
62. School to work transition for students with disabilities.	0	1	2	3	4	0	1	2	3	4
63. Transferable skills analysis.	0	1	2	3	4	0	1	2	3	4
64. Marketing strategies and techniques for rehabilitation services.	0	1	2	3	4	0	1	2	3	4
65. The workplace culture and environment.	0	1	2	3	4	0	1	2	3	4
66. Ethical decision making models and processes.	0	1	2	3	4	0	1	2	3	4
67. Techniques for working effectively in teams and across disciplines.	0	1	2	3	4	0	1	2	3	4
68. Techniques for working with individuals with limited language proficiency.	0	1	2	3	4	0	1	2	3	4
69. Case recording and documentation.	0	1	2	3	4	0	1	2	3	4
70. Clinical problem-solving and critical-thinking skills.	0	1	2	3	4	0	1	2	3	4

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important					0 = No Preparation 1 = Little Preparation 2 = Moderate Preparation 3 = High Degree of Preparation 4 = Very High Degree of Preparation				
Knowledge Domain	**Importance**					**Preparedness**				
71. Case management process and tools.	0	1	2	3	4	0	1	2	3	4
72. Negotiation and conflict resolution strategies.	0	1	2	3	4	0	1	2	3	4
73. Healthcare benefits.	0	1	2	3	4	0	1	2	3	4
74. Assistive technology.	0	1	2	3	4	0	1	2	3	4
75. Managed care concepts.	0	1	2	3	4	0	1	2	3	4
76. Health care delivery systems.	0	1	2	3	4	0	1	2	3	4
77. Wellness and illness prevention concepts and strategies.	0	1	2	3	4	0	1	2	3	4
78. Mental health and psychiatric disability concepts.	0	1	2	3	4	0	1	2	3	4
79. "Work conditioning" or work hardening resources and strategies.	0	1	2	3	4	0	1	2	3	4
80. Ergonomics.	0	1	2	3	4	0	1	2	3	4
81. Principles of caseload management.	0	1	2	3	4	0	1	2	3	4
82. Methods and techniques used to conduct labor market surveys.	0	1	2	3	4	0	1	2	3	4
83. Business/corporate terminology.	0	1	2	3	4	0	1	2	3	4
84. Professional roles, functions, and relationships with other human service providers.	0	1	2	3	4	0	1	2	3	4
85. Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.	0	1	2	3	4	0	1	2	3	4
86. Human sexuality and disability issues.	0	1	2	3	4	0	1	2	3	4
87. Dual diagnosis and the workplace.	0	1	2	3	4	0	1	2	3	4
88. Theories and techniques of clinical supervision.	0	1	2	3	4	0	1	2	3	4
89. Internet resources for rehabilitation counseling.	0	1	2	3	4	0	1	2	3	4

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important	0 = No Preparation 1 = Little Preparation 2 = Moderate Preparation 3 = High Degree of Preparation 4 = Very High Degree of Preparation
Knowledge Domain	**Importance**	**Preparedness**
90. Treatment planning for clinical problems (e.g., depression and anxiety).	0 1 2 3 4	0 1 2 3 4
91. Computer-based assessment tools.	0 1 2 3 4	0 1 2 3 4
92. Computer-based job-matching systems.	0 1 2 3 4	0 1 2 3 4

Based on your experience of working with individuals with disabilities in your, what are other knowledge areas that are important to your role as a rehabilitation practitioner in the setting in which you work. (Please list the knowledge area in the space provide below)

Appendix J: Knowledge Validation Inventory-Revised (Thai)

แบบสอบถามเกี่ยวกับความรู้ทางการฟื้นฟูสมรรถภาพผู้พิการ

คำอธิบาย

ขอความกรุณาโปรดตอบแบบสอบชุดนี้อย่างสมบูรณ์โดยทำเครื่องหมาย X เลือกคำตอบที่สอดคล้องกับความคิดเห็นหรือความเป็นจริงของตัวท่านมากที่สุด

คำถามต่อไปนี้เป็นความรู้ต่างๆที่เกี่ยวข้องกับการให้คำปรึกษาด้านการฟื้นฟูสมรรถภาพผู้พิการ ขอความกรุณาท่านโปรดอ่านหัวข้อความรู้ในด้านต่างๆนี้โดยละเอียดและพิจารณาว่าความรู้เหล่านี้มี**ความสำคัญ**กับการทำงานฟื้นฟูสมรรถภาพผู้พิการอย่างไร และพิจารณาว่าท่านได้รับการเตรียม**ความพร้อม**จากหลักสูตรการศึกษาที่ท่านสำเร็จมาในหัวข้อต่างๆเหล่านี้อย่างไร ในสภาพการทำงานปัจจุบันของท่านที่มีผู้มีส่วนเกี่ยวข้องหลายฝ่าย และในสภาพสิ่งแวดล้อมทางการปฏิบัติงานจริงของท่าน

ประเมินแต่ละหัวข้อความรู้ในระดับจาก 0-4 ในคำถามแต่ละส่วนดังต่อไปนี้

ส่วนที่ 1 **ความสำคัญ**ของความรู้ต่างๆเหล่านี้ ต่อการปฏิบัติงานของท่านในฐานะผู้ปฏิบัติงานด้านการฟื้นฟูสมรรถภาพผู้พิการในหน่วยงานที่ท่านกำลังปฏิบัติงานอยู่

0= ไม่มีความสำคัญ

1= มีความสำคัญบ้าง

2= สำคัญ

3= สำคัญมาก

4= สำคัญเป็นอย่างยิ่ง

ส่วนที่ 2 **ความพร้อม**ในความรู้แต่ละด้านที่ท่านได้รับจากการศึกษาหรือการฝึกอบรม

0= ไม่มีความพร้อม

1= มีความพร้อมเพียงเล็กน้อย

2= มีความพร้อมปานกลาง

3= มีความพร้อมค่อนข้างมาก

4=มีความพร้อมมากเป็นอย่างยิ่ง

	0= ไม่มีความสำคัญ 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่มีความพร้อม 1= มีความพร้อมเพียงเล็กน้อย 2= มีความพร้อมปานกลาง 3= มีความพร้อมค่อนข้างมาก 4= มีความพร้อมเป็นอย่างมาก				
หัวข้อความรู้เกี่ยวกับ...	ความสำคัญ					ความพร้อม				
1. ประวัติของการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
2. ปรัชญาพื้นฐานของการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
3. พระราชบัญญัติและกฎหมายที่เกี่ยวข้องกับผู้พิการหรือส่งผลกระทบต่อผู้พิการ	0	1	2	3	4	0	1	2	3	4
4. คำศัพท์ และนโนทัศน์ ด้านการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
5. โครงสร้างของระบบการให้บริการฟื้นฟูสมรรถภาพขององค์กรภาครัฐ	0	1	2	3	4	0	1	2	3	4
6. โครงสร้างของระบบการให้บริการฟื้นฟูสมรรถภาพขององค์กรที่ไม่แสวงหาผลกำไร	0	1	2	3	4	0	1	2	3	4
7. มาตรฐานด้านจรรยาบรรณของผู้ให้คำปรึกษาด้านการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
8. ประเด็น แนวโน้ม และการพัฒนาการทางสังคม ที่เกี่ยวข้องกับการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
9. ทฤษฎีการให้คำปรึกษาแบบกลุ่ม	0	1	2	3	4	0	1	2	3	4
10. การให้คำปรึกษาและการให้ความช่วยเหลือแบบกลุ่ม	0	1	2	3	4	0	1	2	3	4
11. ทฤษฎีการให้คำปรึกษาระดับครอบครัว	0	1	2	3	4	0	1	2	3	4
12. การให้คำปรึกษาและการให้ความช่วยเหลือระดับครอบครัว	0	1	2	3	4	0	1	2	3	4
13. ทฤษฎีการให้คำปรึกษารายบุคคล	0	1	2	3	4	0	1	2	3	4
14. การให้คำปรึกษาและการให้ความช่วยเหลือแบบรายบุคคล	0	1	2	3	4	0	1	2	3	4
15. ทฤษฎีทางพฤติกรรมและบุคลิกภาพ	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญ 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0= ไม่มีความพร้อม 1= มีความพร้อมเพียงเล็กน้อย 2= มีความพร้อมปานกลาง 3= มีความพร้อมค่อนข้างมาก 4= มีความพร้อมเป็นอย่างมาก				
หัวข้อความรู้เกี่ยวกับ...	ความสำคัญ					ความพร้อม				
16. การเจริญเติบโตและพัฒนาการของมนุษย์	0	1	2	3	4	0	1	2	3	4
17. ความรู้เกี่ยวกับการให้บริการแก่ผู้รับบริการที่มีความแตกต่างหลากหลาย	0	1	2	3	4	0	1	2	3	4
18. ความรู้เกี่ยวข้องกับความแตกต่างระหว่างเพศ	0	1	2	3	4	0	1	2	3	4
19. อุปสรรคทางด้านสิ่งแวดล้อมต่างๆต่อผู้พิการ	0	1	2	3	4	0	1	2	3	4
20. อุปสรรคทางทัศนคติต่างๆต่อผู้พิการ	0	1	2	3	4	0	1	2	3	4
21. บริการต่างๆ สำหรับกลุ่มผู้ต้องการการฟื้นฟูสมรรถภาพซึ่งรวมถึงผู้พิการซ้ำซ้อน	0	1	2	3	4	0	1	2	3	4
22. การบริการฟื้นฟูสมรรถภาพที่มีอยู่ในองค์กรต่างๆ	0	1	2	3	4	0	1	2	3	4
23. กระบวนการบริหารจัดการกับผู้รับบริการ ซึ่งรวมถึง ค้นหาผู้รับบริการ การจัดหาบริการที่เหมาะสม การประสานงานติดต่อกับบริการต่างๆ การส่งต่อและประสานงานกับวิชาชีพอื่นๆ และการสนับสนุนหรือพิทักษ์สิทธิของผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
24. การวางแผนการให้บริการเพื่อการดำรงชีวิตอย่างอิสระของผู้รับบริการ (Independent Living Services)	0	1	2	3	4	0	1	2	3	4
25. การวางแผนการให้บริการฟื้นฟูสมรรถภาพทางด้านอาชีพแก่ผู้มารับบริการ	0	1	2	3	4	0	1	2	3	4
26. แหล่งทรัพยากรและบริการในชุมชนสำหรับการวางแผนการฟื้นฟู	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญ 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่มีความพร้อม 1= มีความพร้อมเพียงเล็กน้อย 2= มีความพร้อมปานกลาง 3= มีความพร้อมค่อนข้างมาก 4= มีความพร้อมเป็นอย่างมาก				
หัวข้อความรู้เกี่ยวกับ...	ความสำคัญ					ความพร้อม				
สมรรถภาพ										
27. ทฤษฎีการพัฒนาอาชีพและการปรับสภาพการทำงาน	0	1	2	3	4	0	1	2	3	4
28. ผลกระทบทางด้านอาชีพ ที่เกิดขึ้นจากข้อจำกัดทางด้านสมรรถภาพทางร่างกายอันเกี่ยวเนื่องจากความพิการ	0	1	2	3	4	0	1	2	3	4
29. ข้อมูลเกี่ยวกับอาชีพและตลาดแรงงาน	0	1	2	3	4	0	1	2	3	4
30. คำศัพท์ทางการแพทย์	0	1	2	3	4	0	1	2	3	4
31. ประเด็นต่างๆทางด้านการแพทย์ และผลกระทบของความพิการรูปแบบต่างๆ	0	1	2	3	4	0	1	2	3	4
32. ผลกระทบเชิงจิตสังคมและวัฒนธรรมอันเกี่ยวข้องกับความพิการที่มีต่อผู้พิการเอง	0	1	2	3	4	0	1	2	3	4
33. ผลกระทบเชิงจิตสังคม และวัฒนธรรมที่มีต่อครอบครัวของผู้พิการ	0	1	2	3	4	0	1	2	3	4
34. แบบทดสอบและเทคนิคในการประเมินเพื่อใช้ในการวินิจฉัยความต้องการของผู้มารับบริการ	0	1	2	3	4	0	1	2	3	4
35. การแปลผลการวินิจฉัยเพื่อใช้ในการวางแผนการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
36. แหล่งทรัพยากรทางการเงินเพื่อบริการทางการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
37. ขั้นตอนการประเมินที่ใช้เพื่อประเมินความมีประสิทธิภาพของการบริการการฟื้นฟูสมรรถภาพและผลของการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
38. ความสามารถหรือสมรรถภาพทางด้านร่างกายของผู้พิการ	0	1	2	3	4	0	1	2	3	4
39. แหล่งทรัพยากรทางการแพทย์ที่	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญ 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0= ไม่มีความพร้อม 1= มีความพร้อมเพียงเล็กน้อย 2= มีความพร้อมปานกลาง 3= มีความพร้อมค่อนข้างมาก 4= มีความพร้อมเป็นอย่างมาก				
หัวข้อความรู้เกี่ยวกับ...	ความสำคัญ					ความพร้อม				
เหมาะสม										
40. การวิเคราะห์งาน (Job analysis)	0	1	2	3	4	0	1	2	3	4
41. เทคนิคการปรับสภาพและปรับโครงสร้างทางการทำงานให้เหมาะสมแก่ผู้พิการ	0	1	2	3	4	0	1	2	3	4
42. สิ่งอำนวยความสะดวกและการบริการอันเกี่ยวกับวิศวกรรมทางด้านการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
43. กลยุทธ์ในการจัดหางาน	0	1	2	3	4	0	1	2	3	4
44. กลยุทธ์และบริการต่างๆเกี่ยวกับการจ้างงานแบบสนับสนุนโดยนายจ้าง (Supported employment)	0	1	2	3	4	0	1	2	3	4
45. การปฏิบัติต่างๆของนายจ้างที่ส่งผลกระทบต่อการจ้างงานและการกลับเข้าไปทำงานของผู้พิการ	0	1	2	3	4	0	1	2	3	4
46. บริการให้คำแนะนำแก่นายจ้างโดยเจ้าหน้าที่ให้คำปรึกษาด้านการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
47. การพัฒนางานและการจ้างงานโดยนายจ้าง	0	1	2	3	4	0	1	2	3	4
48. การพัฒนาทักษะการหางานของผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
49. การพัฒนาทักษะในการรักษาตำแหน่งงานหรือสภาพการถูกจ้างงาน	0	1	2	3	4	0	1	2	3	4
50. การบริการติดตามประเมินผลหลังการถูกจ้างงาน	0	1	2	3	4	0	1	2	3	4
51. เอกสารและงานวิจัยทางการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
52. ระเบียบวิธีวิจัยขั้นพื้นฐาน	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญ 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0= ไม่มีความพร้อม 1= มีความพร้อมเพียงเล็กน้อย 2= มีความพร้อมปานกลาง 3= มีความพร้อมค่อนข้างมาก 4= มีความพร้อมเป็นอย่างมาก				
หัวข้อความรู้เกี่ยวกับ...	**ความสำคัญ**					**ความพร้อม**				
53. การออกแบบโครงการวิจัย ประเมินผลโครงการ และวิธีการประเมินความต้องการ/ความจำเป็นต่างๆ	0	1	2	3	4	0	1	2	3	4
54. การเป็นพยานให้แก่ศาลในฐานะผู้เชี่ยวชาญ	0	1	2	3	4	0	1	2	3	4
55. กฎหมายและข้อปฏิบัติเกี่ยวกับกองทุนเงินทดแทนของลูกจ้าง	0	1	2	3	4	0	1	2	3	4
56. การป้องกันความพิการและกลยุทธ์การจัดการความพิการโดยนายจ้าง	0	1	2	3	4	0	1	2	3	4
57. การใช้สารเสพติดและการบำบัดรักษา	0	1	2	3	4	0	1	2	3	4
58. โครงการประกันสังคม สิทธิประโยชน์และสิ่งลดแรงจูงใจในการกลับไปทำงานของผู้พิการ	0	1	2	3	4	0	1	2	3	4
59. เทคนิคสำหรับการประเมินศักยภาพที่จะสร้างรายได้และสูญเสียรายได้	0	1	2	3	4	0	1	2	3	4
60. เทคนิคการฟื้นฟูสมรรถภาพสำหรับผู้พิการทางจิตเวช	0	1	2	3	4	0	1	2	3	4
61. การวางแผนการดูแลตลอดช่วงชีวิต	0	1	2	3	4	0	1	2	3	4
62. การเปลี่ยนสถานภาพจากนักเรียนเป็นคนทำงานของผู้พิการ	0	1	2	3	4	0	1	2	3	4
63. การวิเคราะห์ทักษะที่สามารถถ่ายโอนไปใช้ในการทำงานอื่นๆได้ (Transferable skills analysis)	0	1	2	3	4	0	1	2	3	4
64. กลยุทธ์และเทคนิคทางการตลาดสำหรับบริการการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
65. วัฒนธรรมและสิ่งแวดล้อมในสถานที่ทำงาน	0	1	2	3	4	0	1	2	3	4
66. รูปแบบและกระบวนการตัดสินใจเชิงจริยธรรมหรือจรรยาบรรณ	0	1	2	3	4	0	1	2	3	4
67. เทคนิคในการทำงานแบบกลุ่มและ	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญ 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่มีความพร้อม 1= มีความพร้อมเพียงเล็กน้อย 2= มีความพร้อมปานกลาง 3= มีความพร้อมค่อนข้างมาก 4= มีความพร้อมเป็นอย่างมาก				
หัวข้อความรู้เกี่ยวกับ...	ความสำคัญ					ความพร้อม				
ทำงานร่วมกับวิชาชีพอื่นๆให้มีประสิทธิภาพ										
68. เทคนิคในการทำงานกับผู้พิการที่มีข้อจำกัดทางด้านภาษา	0	1	2	3	4	0	1	2	3	4
69. การบันทึกและการจัดเก็บข้อมูลของผู้มารับบริการ	0	1	2	3	4	0	1	2	3	4
70. ทักษะการแก้ไขปัญหาทางคลีนิคและการคิดเชิงวิเคราะห์	0	1	2	3	4	0	1	2	3	4
71. กระบวนการและเครื่องมือในการบริหารจัดการกับจำนวนผู้มารับบริการ	0	1	2	3	4	0	1	2	3	4
72. กลยุทธในการเจรจาต่อรองและแก้ไขข้อขัดแย้งต่างๆ	0	1	2	3	4	0	1	2	3	4
73. สิทธิประโยชน์ต่างๆทางด้านสุขภาพ	0	1	2	3	4	0	1	2	3	4
74. เทคโนโลยีสิ่งอำนวยความสะดวกแก่ผู้พิการ	0	1	2	3	4	0	1	2	3	4
75. มโนทัศน์เกี่ยวกับการจัดการด้านสุขภาพ	0	1	2	3	4	0	1	2	3	4
76. ระบบบริการด้านสุขภาพต่างๆ	0	1	2	3	4	0	1	2	3	4
77. มโนทัศน์และกลยุทธ์เกี่ยวกับความอยู่ดีมีสุขและการป้องกันการเจ็บป่วย	0	1	2	3	4	0	1	2	3	4
78. มโนทัศน์ทางด้านสุขภาพจิตและโรคทางจิตเวช	0	1	2	3	4	0	1	2	3	4
79. ทรัพยากร หรือกลยุทธเกี่ยวกับการกลับคืนสู่สภาวะงาน (Work conditioning) และ การเพิ่มความแกร่งในการทำงาน (Work hardening)	0	1	2	3	4	0	1	2	3	4
80. การศึกษาถึงสรีระของผู้ทำงาน ในสิ่งแวดล้อมการปฏิบัติงานจริง (การยศาสตร์) (Ergonomics)	0	1	2	3	4	0	1	2	3	4

หัวข้อความรู้เกี่ยวกับ...	0= ไม่มีความสำคัญ 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0= ไม่มีความพร้อม 1= มีความพร้อมเพียงเล็กน้อย 2= มีความพร้อมปานกลาง 3= มีความพร้อมค่อนข้างมาก 4= มีความพร้อมเป็นอย่างมาก				
	ความสำคัญ					ความพร้อม				
81. หลักการของการจัดการกับผู้มารับบริการและจำนวนของผู้มารับบริการ	0	1	2	3	4	0	1	2	3	4
82. วิธีการและเทคนิคที่ใช้เพื่อการสำรวจทางตลาดแรงงาน	0	1	2	3	4	0	1	2	3	4
83. คำศัพท์ทางการตลาดและธุรกิจ	0	1	2	3	4	0	1	2	3	4
84. บทบาททางวิชาชีพ หน้าที่ และความสัมพันธ์กับวิชาชีพอื่นๆที่เกี่ยวข้องกับการให้บริการ	0	1	2	3	4	0	1	2	3	4
85. กระบวนการให้การสนับสนุนที่จำเป็นต่อการระบุถึงอุปสรรคทางสังคมอันกีดขวางการเข้าถึง ความเท่าเทียมกัน และความสำเร็จของผู้พิการที่มารับบริการ	0	1	2	3	4	0	1	2	3	4
86. ประเด็นอันเกี่ยวข้องกับเรื่องเพศและความพิการ	0	1	2	3	4	0	1	2	3	4
87. การทำงานในสถานที่ทำงานของผู้ป่วยที่ได้รับการวินิจฉัยว่ามีทั้งปัญหาทางภาวะอารมณ์จิตใจและใช้สารเสพติด	0	1	2	3	4	0	1	2	3	4
88. ทฤษฎีและเทคนิคในการให้คำปรึกษาทางคลินิคแก่นักศึกษาฝึกงานหรือเจ้าหน้าที่ใหม่	0	1	2	3	4	0	1	2	3	4
89. ทรัพยากรทางอินเตอร์เนทสำหรับการให้คำปรึกษาทางการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
90. การวางแผนรักษาสำหรับปัญหาที่ต้องการการบำบัดรักษาทางการแพทย์	0	1	2	3	4	0	1	2	3	4
91. เครื่องมือในการประเมินและวินิจฉัยด้วยระบบคอมพิวเตอร์	0	1	2	3	4	0	1	2	3	4
92. ระบบการใช้คอมพิวเตอร์ในการช่วยค้นหางานที่เหมาะสม	0	1	2	3	4	0	1	2	3	4

จากประสบการณ์ของท่านในการทำงานกับผู้พิการ ความรู้ในด้านใดที่อาจไม่ได้ระบุอยู่ในแบบสอบถามนี้ แต่ท่านเห็นว่ามีความสำคัญในการทำงานในฐานะผู้ปฏิบัติงานด้านการฟื้นฟูสมรรถภาพผู้พิการ ในหน่วยงานที่ท่านกำลังปฏิบัติงานอยู่ (โปรดเขียนตอบในช่องว่างที่ให้ไว้ข้างล่างนี้)

Appendix K: Rehabilitation Skill Inventory-Revised

Rehabilitation Skills Inventory – Revised

Instruction

Please complete the entire questionnaire by marking **X** to select the response which describes you the best.

Listed below and on the following pages are job task items related to rehabilitation counseling. Please review these items to determine their **importance** for rehabilitation counseling practice and the **frequency** you perform these tasks in today's multiple-stakeholder, practice-setting environments.

Rate each statement on a scale of 0-4 for both of the following:

Section1: The **IMPORTANCE** of the job function described in the statement to your role as a rehabilitation practitioner in the setting in which you work

0 = Not Important
1 = Somewhat Important
2 = Important
3 = Very Important
4 = Extremely Important

Section 2: the **FREQUENCY** that you perform these tasks taking into account all of the things you do over the course of a year in the setting in which you work.

0 = Not at all
1 = Very Infrequently
2 = Somewhat Frequently
3 = Very Frequently
4 = Most of the Time

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important					0 = Not at all 1 = Very Infrequently 2 = Somewhat Frequently 3 = Very Frequently 4 = Most of the Time				
Job Function	**Importance**					**Frequency**				
1. Assess the significance of clients' disabilities in consideration of medical, psychological, educational and social support status.	0	1	2	3	4	0	1	2	3	4
2. Interview clients to collect and verify the accuracy of case information.	0	1	2	3	4	0	1	2	3	4
3. Evaluate clients' social support system (family, friends, and community relationships).	0	1	2	3	4	0	1	2	3	4
4. Evaluate clients' social support system (family, friends, and community relationships).	0	1	2	3	4	0	1	2	3	4
5. Determine clients' ability to perform independent living activities.	0	1	2	3	4	0	1	2	3	4
6. Identify transferable work skills by analyzing clients' work history and functional assets and limitations.	0	1	2	3	4	0	1	2	3	4
7. Assess clients' readiness for gainful employment.	0	1	2	3	4	0	1	2	3	4
8. Select evaluation instruments and strategies according to their appropriateness and usefulness for a particular client.	0	1	2	3	4	0	1	2	3	4
9. Employ computerized assessment techniques.	0	1	2	3	4	0	1	2	3	4
10. Administer appropriate standardized tests and ecological assessment techniques.	0	1	2	3	4	0	1	2	3	4
11. Interpret test and ecological assessment outcomes to clients and others.	0	1	2	3	4	0	1	2	3	4
12. Identify clients' work personality characteristics to be observed through an on the job evaluation or simulated work situation.	0	1	2	3	4	0	1	2	3	4
13. Use behavioral observations to make inferences about work personality characteristics and	0	1	2	3	4	0	1	2	3	4

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important					0 = Not at all 1 = Very Infrequently 2 = Somewhat Frequently 3 = Very Frequently 4 = Most of the Time				
Job Function	**Importance**					**Frequency**				
adjustment.										
14. Integrate assessment data to describe clients' assets, limitations and preferences for rehabilitation planning purposes.	0	1	2	3	4	0	1	2	3	4
15. Match clients' needs with job reinforcers and clients' aptitudes with job requirements.	0	1	2	3	4	0	1	2	3	4
16. Make logical job, work area or adjustment training recommendations based on comprehensive client assessment information.	0	1	2	3	4	0	1	2	3	4
17. Develop a therapeutic relationship characterized by empathy and positive regard for the client.	0	1	2	3	4	0	1	2	3	4
18. Clarify for clients, mutual expectations and the nature of the counseling relationship.	0	1	2	3	4	0	1	2	3	4
19. Identify one's own biases and weaknesses, which may affect the development of a healthy client relationship.	0	1	2	3	4	0	1	2	3	4
20. Adjust counseling approaches or styles according to clients' cognitive and personality characteristics.	0	1	2	3	4	0	1	2	3	4
21. Interpret to clients diagnostic information (e.g., tests vocational and educational records, medical reports).	0	1	2	3	4	0	1	2	3	4
22. Apply psychological and social theory to develop strategies for rehabilitation intervention.	0	1	2	3	4	0	1	2	3	4
23. Employ counseling techniques (e.g., reflection, interpretation, summarization) to facilitate client self-exploration.	0	1	2	3	4	0	1	2	3	4
24. Identify social, economic and environmental forces that may present barriers to a client's	0	1	2	3	4	0	1	2	3	4

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important					0 = Not at all 1 = Very Infrequently 2 = Somewhat Frequently 3 = Very Frequently 4 = Most of the Time				
Job Function	**Importance**					**Frequency**				
rehabilitation.										
25. Use assessment information to provide clients with insights into personal dynamics.	0	1	2	3	4	0	1	2	3	4
26. Prepare with clients, rehabilitation plans with mutually agreed upon interventions and goals.	0	1	2	3	4	0	1	2	3	4
27. Assist clients in terminating counseling in a positive manner, thus enhancing their ability to function independently.	0	1	2	3	4	0	1	2	3	4
28. Recognize psychological problems (e.g., depression, suicidal ideation) requiring consultation or referral.	0	1	2	3	4	0	1	2	3	4
29. Counsel with clients to identify emotional reactions to disability.	0	1	2	3	4	0	1	2	3	4
30. Assist clients in verbalizing specific behavioral goals for personal adjustment.	0	1	2	3	4	0	1	2	3	4
31. Explore clients' needs for individual, group or family counseling.	0	1	2	3	4	0	1	2	3	4
32. Assist clients in modifying their lifestyles to accommodate functional limitations.	0	1	2	3	4	0	1	2	3	4
33. Counsel clients to help them appreciate and emphasize their personal assets.	0	1	2	3	4	0	1	2	3	4
34. Provide information to help clients answer other individuals' questions about their disabilities.	0	1	2	3	4	0	1	2	3	4
35. Confront clients with observations about inconsistencies between their goals and their behavior.	0	1	2	3	4	0	1	2	3	4
36. Use behavioral techniques such as shaping, rehearsal, modeling and contingency management.	0	1	2	3	4	0	1	2	3	4
37. Assist clients in understanding stress and in utilizing mechanisms for coping.	0	1	2	3	4	0	1	2	3	4

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important					0 = Not at all 1 = Very Infrequently 2 = Somewhat Frequently 3 = Very Frequently 4 = Most of the Time				
Job Function	**Importance**					**Frequency**				
38. Counsel with clients' family to provide information and support positive coping behaviors.	0	1	2	3	4	0	1	2	3	4
39. Counsel regarding sexual concerns related to the presence of a disability.	0	1	2	3	4	0	1	2	3	4
40. Counsel with clients using group methods.	0	1	2	3	4	0	1	2	3	4
41. Review medical information with clients to determine vocational implications of their functional limitations.	0	1	2	3	4	0	1	2	3	4
42. Counsel with clients regarding educational and vocational implications of test and interview information.	0	1	2	3	4	0	1	2	3	4
43. Counsel clients to select jobs consistent with their abilities, interests, and rehabilitation goals.	0	1	2	3	4	0	1	2	3	4
44. Recommend occupational and/or educational materials for clients to explore vocational alternatives and choices.	0	1	2	3	4	0	1	2	3	4
45. Supervise new counselors and/or practicum or internship students in rehabilitation counseling activities.	0	1	2	3	4	0	1	2	3	4
46. Discuss with clients labor market conditions that may influence the feasibility of entering certain occupations.	0	1	2	3	4	0	1	2	3	4
47. Discuss clients' vocational plans when they appear unrealistic.	0	1	2	3	4	0	1	2	3	4
48. Develop mutually agreed upon vocational counseling goals.	0	1	2	3	4	0	1	2	3	4
49. Identify and arrange for functional or skill remediation services for clients' successful job placements.	0	1	2	3	4	0	1	2	3	4
50. Use supportive counseling techniques to prepare clients for the stress of the job search.	0	1	2	3	4	0	1	2	3	4

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important					0 = Not at all 1 = Very Infrequently 2 = Somewhat Frequently 3 = Very Frequently 4 = Most of the Time				
Job Function	**Importance**					**Frequency**				
51. Instruct clients in developing systematic job search skills.	0	1	2	3	4	0	1	2	3	4
52. Instruct clients in preparing for the job interview (e.g., job application, resume preparation, attire, interviewing skills).	0	1	2	3	4	0	1	2	3	4
53. Develop acceptable client work behavior through the use of behavioral techniques.	0	1	2	3	4	0	1	2	3	4
54. Conduct group activities and programs such as job clubs, vocational exploration groups, or job seeking skills groups.	0	1	2	3	4	0	1	2	3	4
55. Monitor clients' post-employment adjustment to determine need for additional services.	0	1	2	3	4	0	1	2	3	4
56. Apply labor market information influencing the task of locating, obtaining and progressing in employment.	0	1	2	3	4	0	1	2	3	4
57. Use local resources to assist with placement (e.g., employer contacts, colleagues, state employment service).	0	1	2	3	4	0	1	2	3	4
58. Use computerized systems for job placement assistance.	0	1	2	3	4	0	1	2	3	4
59. Inform clients of job openings suitable to their needs and abilities.	0	1	2	3	4	0	1	2	3	4
60. Identify educational and training requirements for specific jobs.	0	1	2	3	4	0	1	2	3	4
61. Analyze the tasks of a job.	0	1	2	3	4	0	1	2	3	4
62. Classify local jobs using the available classification systems.	0	1	2	3	4	0	1	2	3	4
63. Recommend modifications of job tasks to accommodate clients' functional limitations using ergonomic principles.	0	1	2	3	4	0	1	2	3	4
64. Apply knowledge of assistive technology in job accommodation.	0	1	2	3	4	0	1	2	3	4
65. Utilize occupational information	0	1	2	3	4	0	1	2	3	4

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important					0 = Not at all 1 = Very Infrequently 2 = Somewhat Frequently 3 = Very Frequently 4 = Most of the Time				
Job Function	**Importance**					**Frequency**				
66. Determine the level of intervention necessary for job placement (e.g., job club, supported work, OJT).	0	1	2	3	4	0	1	2	3	4
67. Understand the applications of current legislation affecting the employment of disabled individuals.	0	1	2	3	4	0	1	2	3	4
68. Respond to employer biases and concerns regarding hiring persons with disabilities.	0	1	2	3	4	0	1	2	3	4
69. Negotiate with employers or labor union representatives to reinstate/rehire an injured worker.	0	1	2	3	4	0	1	2	3	4
70. Provide prospective employers with appropriate information on clients' work skills and abilities.	0	1	2	3	4	0	1	2	3	4
71. Provide consultation to employers regarding accessibility and issues related to law or legislation compliance.	0	1	2	3	4	0	1	2	3	4
72. Serve as a vocational expert to public agencies, law firms, and/or private businesses.	0	1	2	3	4	0	1	2	3	4
73. Provide expert opinion or testimony regarding employability and rehabilitation feasibility.	0	1	2	3	4	0	1	2	3	4
74. Provide information regarding your organization's programs to current and potential referral sources.	0	1	2	3	4	0	1	2	3	4
75. Coordinate activities of all agencies involved in a rehabilitation plan.	0	1	2	3	4	0	1	2	3	4
76. Describe Social Security regulations and procedures regarding disability determination and benefits.	0	1	2	3	4	0	1	2	3	4
77. Report to referral sources regarding progress of cases.	0	1	2	3	4	0	1	2	3	4
78. Monitor client progress.	0	1	2	3	4	0	1	2	3	4
79. Collaborate with other providers so	0	1	2	3	4	0	1	2	3	4

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important					0 = Not at all 1 = Very Infrequently 2 = Somewhat Frequently 3 = Very Frequently 4 = Most of the Time				
Job Function	**Importance**					**Frequency**				
that services are coordinated, appropriate and timely.										
80. Consult with medical professionals regarding functional capacities, prognosis, and treatment plan for clients.	0	1	2	3	4	0	1	2	3	4
81. Understand insurance claims processing and professional responsibilities in workers' compensation.	0	1	2	3	4	0	1	2	3	4
82. Refer clients to appropriate specialists and/or for special services.	0	1	2	3	4	0	1	2	3	4
83. State clearly the nature of clients' problems for referral to service providers.	0	1	2	3	4	0	1	2	3	4
84. Explain the services and limitations of various community resources to clients.	0	1	2	3	4	0	1	2	3	4
85. Compile and interpret client information to maintain a current case record.	0	1	2	3	4	0	1	2	3	4
86. Write case notes, summaries, and reports so that others can understand the case.	0	1	2	3	4	0	1	2	3	4
87. Document all significant client vocational findings sufficient for legal testimony or records.	0	1	2	3	4	0	1	2	3	4
88. Make sound and timely financial decisions within the context of caseload management in your work setting.	0	1	2	3	4	0	1	2	3	4
89. Negotiate financial responsibilities with the referral source and/or sponsor for client rehabilitation.	0	1	2	3	4	0	1	2	3	4
90. Market rehabilitation services to businesses and organizations.	0	1	2	3	4	0	1	2	3	4
91. Identify and comply with ethical and legal implications of client relationships.	0	1	2	3	4	0	1	2	3	4

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important					0 = Not at all 1 = Very Infrequently 2 = Somewhat Frequently 3 = Very Frequently 4 = Most of the Time				
Job Function	**Importance**					**Frequency**				
92. Abide by ethical and legal considerations of case communication and recording (e.g., confidentiality).	0	1	2	3	4	0	1	2	3	4
93. Read professional literature related to business, labor markets, medicine and rehabilitation.	0	1	2	3	4	0	1	2	3	4
94. Conduct a review of the rehabilitation literature on a given topic or case problem.	0	1	2	3	4	0	1	2	3	4
95. Apply published research results to professional practice.	0	1	2	3	4	0	1	2	3	4
96. Apply principles of rehabilitation legislation to daily practice.	0	1	2	3	4	0	1	2	3	4
97. Educate your clients regarding their rights under federal and state law.	0	1	2	3	4	0	1	2	3	4
98. Interpret your organization's policy and regulations to clients and others.	0	1	2	3	4	0	1	2	3	4
99. Participate with advocacy groups to promote rehabilitation programs.	0	1	2	3	4	0	1	2	3	4
100. Promote public awareness and legislative support of rehabilitation programs.	0	1	2	3	4	0	1	2	3	4
101. Identify and challenge stereotypic views toward persons with disabilities.	0	1	2	3	4	0	1	2	3	4
102. Obtain regular client feedback regarding the satisfaction with services delivered and suggestions for improvement.	0	1	2	3	4	0	1	2	3	4
103. Discuss return-to-work options with the employer.	0	1	2	3	4	0	1	2	3	4
104. Obtain a release for a return to work from the treating physician.	0	1	2	3	4	0	1	2	3	4
105. Obtain written reports regarding client progress.	0	1	2	3	4	0	1	2	3	4
106. Attend team conferences.	0	1	2	3	4	0	1	2	3	4
107. Act as an advocate for the client and family with third-party payors	0	1	2	3	4	0	1	2	3	4

	0 = Not Important 1 = Somewhat Important 2 = Important 3 = Very Important 4 = Extremely Important					0 = Not at all 1 = Very Infrequently 2 = Somewhat Frequently 3 = Very Frequently 4 = Most of the Time				
Job Function	**Importance**					**Frequency**				
and service providers.										
108. Research and secure funding, community resources, and support needed for community re-entry.	0	1	2	3	4	0	1	2	3	4
109. Evaluate and select facilities that provide specialized care services for clients.	0	1	2	3	4	0	1	2	3	4
110. Contact vendors in order to purchase adaptive/accommodative equipment.	0	1	2	3	4	0	1	2	3	4
111. Determine and monitor individual case management outcomes.	0	1	2	3	4	0	1	2	3	4
112. Train clients' co-workers/supervisors regarding work and disability issues.	0	1	2	3	4	0	1	2	3	4
113. Conduct labor market analyses.	0	1	2	3	4	0	1	2	3	4
114. Use effective conflict resolution strategies in providing case management services.	0	1	2	3	4	0	1	2	3	4
115. Use effective time management strategies.	0	1	2	3	4	0	1	2	3	4
116. Perform caseload management activities.	0	1	2	3	4	0	1	2	3	4
117. Develop rapport/network with physicians and other rehabilitation professionals.	0	1	2	3	4	0	1	2	3	4
118. Coordinate "work conditioning" or work hardening services.	0	1	2	3	4	0	1	2	3	4
119. Teach problem-solving skills to clients.	0	1	2	3	4	0	1	2	3	4
120. Perform supported-employment related activities.	0	1	2	3	4	0	1	2	3	4

Based on your experience of working with individuals with disabilities in your, what are other job functions that are important to your role as a rehabilitation practitioner in the setting in which you work. (Please list job functions in the space provide below)

Appendix L: Rehabilitation Skill Inventory-Revised (Thai)

แบบสอบถามเกี่ยวกับทักษะทางการฟื้นฟูสมรรถภาพผู้พิการ

คำอธิบาย

ขอความกรุณาโปรดตอบแบบสอบชุดนี้อย่างสมบูรณ์โดยทำเครื่องหมาย X เลือกคำตอบที่สอดคล้องกับความคิดเห็นหรือความเป็นจริงของตัวท่านมากที่สุด

คำถามต่อไปนี้เป็นหน้าที่ในการทำงานต่างๆที่เกี่ยวข้องกับการให้คำปรึกษาด้านการฟื้นฟูสมรรถภาพผู้พิการ ขอความกรุณาท่านโปรดอ่านส่วนของหน้าที่การทำงานด้านต่างๆนี้โดยละเอียดและพิจารณาว่าหน้าที่เหล่านี้มีความสำคัญกับการทำงานฟื้นฟูสมรรถภาพผู้พิการอย่างไร และพิจารณาว่าท่านได้ปฏิบัติหน้าที่ด้านต่างๆเหล่านี้มากน้อยเพียงใดในสภาพการทำงานปัจจุบันของท่านที่มีผู้มีส่วนเกี่ยวข้องหลายฝ่าย และในสภาพสิ่งแวดล้อมทางการปฏิบัติงานจริงของท่าน

ประเมินแต่ละหัวข้อความรู้ในระดับจาก 0-4 ในคำถามแต่ละส่วนดังต่อไปนี้

ส่วนที่ 1 ความสำคัญของหน้าที่ต่างๆเหล่านี้ในความคิดของท่าน เกี่ยวกับการปฏิบัติงานในฐานะผู้ปฏิบัติงานด้านการฟื้นฟูสมรรถภาพผู้พิการในหน่วยงานที่ท่านกำลังปฏิบัติงานอยู่

0= ไม่มีความสำคัญเลย
1= มีความสำคัญบ้าง
2= สำคัญ
3= สำคัญมาก
4= สำคัญมากเป็นอย่างยิ่ง

ส่วนที่ 2 ความถี่ที่ท่านได้ปฏิบัติหน้าที่ต่างๆเหล่านี้ โดยการประเมินจากงานที่ท่านปฏิบัติในรอบหนึ่งปีที่ผ่านมาในหน่วยงานที่ท่านกำลังปฏิบัติงานอยู่

0=ไม่เคยใช้เลย
1= ใช้ไม่บ่อย
2= ใช้บ้างบางครั้ง
3= ใช้บ่อยมาก
4= ใช้ตลอดเวลา

	0= ไม่มีความสำคัญเลย 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่เคยใช้เลย 1=ใช้ไม่บ่อย 2=ใช้บ้างบางครั้ง 3=ใช้บ่อยมาก 4=ใช้ตลอดเวลา				
หน้าที่การทำงานด้านการ...	ความสำคัญ					ความถี่				
1. ประเมินสภาพความพิการของผู้มารับบริการโดยพิจารณาถึงสถานภาพการสนับสนุนทางด้านการแพทย์ จิตใจ การศึกษา และสังคม	0	1	2	3	4	0	1	2	3	4
2. สัมภาษณ์ผู้มารับบริการเพื่อที่จะเก็บข้อมูลและตรวจสอบความถูกต้องของข้อมูลที่ได้มา	0	1	2	3	4	0	1	2	3	4
3. ประเมินระบบการสนับสนุนทางสังคมของผู้รับบริการในด้านความสัมพันธ์กับครอบครัว เพื่อน และชุมชน	0	1	2	3	4	0	1	2	3	4
4. ระบุถึงบริการในชุมชนที่สอดคล้องกับความต้องการของผู้มารับบริการ	0	1	2	3	4	0	1	2	3	4
5. ระบุถึงความสามารถของผู้มารับบริการในการที่จะทำกิจกรรมต่างๆได้ด้วยตนเองอย่างอิสระ	0	1	2	3	4	0	1	2	3	4
6. ระบุถึงทักษะที่สามารถถ่ายโอนได้ (Transferable Skills) โดยการวิเคราะห์ถึงประวัติการทำงานที่ผ่านมา จุดแข็ง และข้อจำกัดทางสมรรถภาพทางร่างกายของผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
7. ประเมินความพร้อมในการที่จะทำงานสร้างรายได้ของผู้มารับบริการ	0	1	2	3	4	0	1	2	3	4
8. เลือกเครื่องมือและกลยุทธในการประเมินที่เหมาะสมและเป็นประโยชน์สำหรับผู้มารับบริการแต่ละราย	0	1	2	3	4	0	1	2	3	4
9. ใช้เทคนิคทางคอมพิวเตอร์ในการประเมินผู้มารับบริการ	0	1	2	3	4	0	1	2	3	4
10. ใช้แบบทดสอบมาตรฐาน (Standardized Tests) และเทคนิคการในประเมินทางระบบนิเวศทางสังคม (Ecological Assessment)	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญเลย 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่เคยใช้เลย 1=ใช้ไม่บ่อย 2=ใช้บ้างบางครั้ง 3=ใช้บ่อยมาก 4=ใช้ตลอดเวลา				
หน้าที่การทำงานด้านการ...	ความสำคัญ					ความถี่				
11. แปลผล หรือ ตีความผลของการทดสอบ (Standardized Tests) และการประเมินทางระบบนิเวศ (Ecological Assessment) ให้ผู้รับบริการและผู้อื่นได้เข้าใจ	0	1	2	3	4	0	1	2	3	4
12. ระบุถึงบุคลิกภาพทางการทำงานของผู้รับบริการที่สังเกตุได้จากการประเมินการทำงานหรือการจำลอง สถานการณ์การทำงาน	0	1	2	3	4	0	1	2	3	4
13. ใช้การสังเกตุเชิงพฤติกรรมเพื่อสรุปถึงลักษณะบุคลิกภาพทางการทำงานและการปรับตัวในการทำงานของผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
14. บูรณาการข้อมูลจากการประเมิน เพื่ออธิบายจุดแข็ง ข้อจำกัด และความชอบของผู้รับบริการเพื่อวัตถุประสงค์ในการวางแผนการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
15. จับคู่ความต้องการของผู้รับบริการให้สอดคล้องกับผลตอบแทนหรือสิ่งจูงใจในการทำงานของผู้รับบริการ และจับคู่ความสามารถหรือความถนัดของผู้รับบริการให้สอดคล้องกับสิ่งที่ต่ำแน่งงานนั้นๆกำหนด	0	1	2	3	4	0	1	2	3	4
16. ให้คำแนะนำเกี่ยวกับงานที่เหมาะสม ขอบข่ายงานต่างๆ หรือการฝึกฝนเพื่อปรับตัวให้เข้ากับงาน โดยอยู่บนพื้นฐานของข้อมูลที่ได้รับจากการประเมินผู้รับบริการอย่างครบถ้วนสมบูรณ์	0	1	2	3	4	0	1	2	3	4
17. พัฒนาความสัมพันธ์เชิงการบำบัด ในรูปแบบของการเห็นอกเห็นใจและการเคารพในตัวตนของผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
18. ให้ความกระจ่างแก่ผู้รับบริการถึงความคาดหวังและธรรมชาติของความสัมพันธ์ที่	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญเลย 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่เคยใช้เลย 1=ใช้ไม่บ่อย 2=ใช้บ้างบางครั้ง 3=ใช้บ่อยมาก 4=ใช้ตลอดเวลา				
หน้าที่การทำงานด้านการ...	ความสำคัญ					ความถี่				
จะเกิดขึ้นในให้คำปรึกษาหรือการให้ความช่วยเหลือ										
19. รู้ถึงความลำเอียงและข้อบกพร่องของตนเองที่อาจจะส่งผลต่อการสร้างสัมพันธภาพที่ดีกับผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
20. ปรับวิธีการหรือรูปแบบให้คำปรึกษาให้สอดคล้องกับลักษณะการรับรู้และบุคลิกภาพของผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
21. แปลผลหรือตีความข้อมูลทางการวินิจฉัย เช่น รายงานการทดสอบทางด้านอาชีพและทางการศึกษา หรือรายงานทางการแพทย์ให้ผู้มารับบริการได้เข้าใจ	0	1	2	3	4	0	1	2	3	4
22. ประยุกต์ใช้ทฤษฎีทางจิตวิทยาและทางสังคมเพื่อพัฒนายุทธวิธีสำหรับการปฏิบัติทางการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
23. ใช้เทคนิคการให้คำปรึกษาต่างๆ เช่น เทคนิคการสะท้อนความคิด (Reflection) การสรุปความ (Summarization) หรือแปลความหมาย(Interpretation) เพื่อช่วยให้ผู้รับบริการได้สำรวจหรือค้นหาตัวเอง	0	1	2	3	4	0	1	2	3	4
24. ระบุถึงแรงกดดันทางสังคม เศรษฐกิจ และสิ่งแวดล้อมที่อาจจะเป็นอุปสรรคต่อการฟื้นฟูสมรรถภาพของผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
25. ใช้ข้อมูลจากการประเมินเพื่อให้ผู้รับบริการได้เกิดความเห็นแจ้งในพลวัตรหรือการเปลี่ยนแปลงของตนเอง	0	1	2	3	4	0	1	2	3	4
26. เตรียมแผนการฟื้นฟูสมรรถภาพร่วมกับผู้รับบริการด้วยความยินยอมและความเห็นที่ตรงกันในด้านวิธีการและเป้าหมาย	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญเลย 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่เคยใช้เลย 1=ใช้ไม่บ่อย 2=ใช้บางบางครั้ง 3=ใช้บ่อยมาก 4=ใช้ตลอดเวลา				
หน้าที่การทำงานด้านการ...	ความสำคัญ					ความถี่				
27. ช่วยเหลือผู้รับบริการด้วยท่าทีที่เหมาะสม หากจะ หยุดการให้คำปรึกษาหรือการให้ความช่วยเหลือเพื่อเป็นการส่งเสริมความสามารถของผู้รับบริการที่จะทำสิ่งต่างๆได้ด้วยตนเองต่อไป	0	1	2	3	4	0	1	2	3	4
28. รู้ถึงปัญหาเชิงจิตวิทยา เช่น โรคซึมเศร้า หรือความคิดที่จะฆ่าตัวตายที่จำเป็นต้องปรึกษาหรือส่งต่อไปยังผู้เชี่ยวชาญ	0	1	2	3	4	0	1	2	3	4
29. ให้คำปรึกษาแก่ผู้รับบริการเพื่อชี้ให้เห็นถึงปฏิกิริยาการตอบสนองทางอารมณ์ของผู้รับบริการต่อความพิการ	0	1	2	3	4	0	1	2	3	4
30. ช่วยเหลือผู้รับบริการในการสื่อสารถึงเป้าหมายเชิงพฤติกรรมที่เฉพาะเจาะจงในการปรับตัว	0	1	2	3	4	0	1	2	3	4
31. ค้นหาความต้องการของผู้รับบริการสำหรับการให้คำปรึกษารายบุคคล กลุ่ม หรือครอบครัว	0	1	2	3	4	0	1	2	3	4
32. ช่วยเหลือแก่ผู้รับบริการในการที่จะปรับเปลี่ยนการใช้ชีวิตให้สอดคล้องกับข้อจำกัดของสมรรถภาพทางด้านร่างกาย	0	1	2	3	4	0	1	2	3	4
33. ให้คำปรึกษาแก่ผู้รับบริการเพื่อช่วยเหลือให้เขาตระหนักถึงคุณค่าหรือจุดแข็งของตนเอง	0	1	2	3	4	0	1	2	3	4
34. จัดหาข้อมูลเพื่อช่วยให้ผู้รับบริการสามารถตอบคำถามหรือข้อสงสัยของผู้อื่นที่มีเกี่ยวกับความพิการของเขา	0	1	2	3	4	0	1	2	3	4
35. เผชิญหน้ากับผู้รับบริการ ในข้อสังเกตุเกี่ยวกับความไม่สอดคล้องกันกันระหว่างเป้าหมายและพฤติกรรมของของผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
36. ใช้เทคนิคเชิงพฤติกรรมศาสตร์เช่น การ	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญเลย 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่เคยใช้เลย 1=ใช้ไม่บ่อย 2=ใช้บ้างบางครั้ง 3=ใช้บ่อยมาก 4=ใช้ตลอดเวลา				
หน้าที่การทำงานด้านการ...	ความสำคัญ					ความถี่				
ปรับแต่งพฤติกรรม (Shaping) การซักซ้อม (Rehearsal) การเลียนจากตัวอย่าง (Modeling) และการจัดการเชิงสถานการณ์ (Contingency Management)										
37. ให้ความช่วยเหลือแก่ผู้รับบริการในการให้เข้าใจถึงความเครียดและการจัดการกับความเครียด	0	1	2	3	4	0	1	2	3	4
38. ให้คำปรึกษาแก่ครอบครัวของผู้รับบริการเพื่อให้ข้อมูลและส่งเสริมพฤติกรรมการแก้ไขหรือจัดการกับปัญหาต่างๆอย่างสร้างสรรค์	0	1	2	3	4	0	1	2	3	4
39. ให้คำปรึกษาเกี่ยวกับปัญหาหรือความกังวลใจทางเพศอันเนื่องมาจากกับความพิการ	0	1	2	3	4	0	1	2	3	4
40. ให้คำปรึกษากับผู้รับบริการโดยใช้วิธีการแบบกลุ่มแบบต่างๆ	0	1	2	3	4	0	1	2	3	4
41. พิจารณาข้อมูลทางการแพทย์ร่วมกับผู้รับบริการเพื่อที่จะระบุถึงผลกระทบทางด้านอาชีพจากข้อจำกัดทางด้านสมรรถภาพต่างๆ	0	1	2	3	4	0	1	2	3	4
42. ให้คำปรึกษาแก่ผู้รับบริการเกี่ยวกับผลกระทบทางการศึกษาและอาชีพ จากข้อมูลที่ได้รับจากแบบทดสอบต่างๆและการสัมภาษณ์	0	1	2	3	4	0	1	2	3	4
43. ให้คำปรึกษาแก่ผู้รับบริการในการที่จะเลือกอาชีพที่เหมาะสมและสอดคล้องกับความสามารถ ความสนใจ และเป้าหมายในการฟื้นฟูสมรรถภาพของเขา	0	1	2	3	4	0	1	2	3	4
44. แนะนำสื่อทางด้านอาชีพและการศึกษาให้แก่ผู้รับบริการเพื่อที่เขาจะสามารถค้นหาความเป็นไปได้ทางด้านอาชีพและ	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญเลย 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่เคยใช้เลย 1=ใช้ไม่บ่อย 2=ใช้บ้างบางครั้ง 3=ใช้บ่อยมาก 4=ใช้ตลอดเวลา				
หน้าที่การทำงานด้านการ...	ความสำคัญ					ความถี่				
ทางเลือกต่างๆ										
45. นิเทศเจ้าหน้าที่ใหม่หรือนักศึกษาฝึกงานในกิจกรรมต่างๆที่เกี่ยวข้องกับการให้คำปรึกษาด้านการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
46. พูดคุย สนทนาแลกเปลี่ยนความคิดเห็นกับผู้รับบริการเกี่ยวกับสภาพตลาดแรงงานที่อาจจะมีอิทธิพลต่อความเป็นไปได้ที่จะได้งานใดงานหนึ่ง	0	1	2	3	4	0	1	2	3	4
47. สนทนาพูดคุยกับผู้รับบริการเกี่ยวกับแผนทางด้านอาชีพเมื่อแผนนั้นดูเหมือนว่าจะไม่สามารถเป็นไปได้จริง	0	1	2	3	4	0	1	2	3	4
48. ร่วมกันพัฒนาเป้าหมายทางด้านอาชีพ ที่พึงพอใจกันทั้งสองฝ่ายระหว่างผู้ให้คำปรึกษาและผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
49. ระบุถึงและจัดเตรียมบริการด้านการรักษา/แก้ไขสมรรถภาพของร่างกายหรือทักษะต่างๆ เพื่อความสำเร็จในการได้งานทำของผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
50. ใช้เทคนิคการให้คำปรึกษาเชิงสนับสนุนเพื่อเตรียมความพร้อมของผู้รับบริการสำหรับการเผชิญกับความเครียดในการหางานทำ	0	1	2	3	4	0	1	2	3	4
51. สอนหรือชี้แนะผู้รับบริการในการพัฒนาทักษะการหางานทำอย่างมีระบบ	0	1	2	3	4	0	1	2	3	4
52. สอนหรือชี้แนะผู้รับบริการในการเตรียมตัวสำหรับการสัมภาษณ์งาน	0	1	2	3	4	0	1	2	3	4
53. พัฒนาพฤติกรรมในการทำงานที่เหมาะสมของผู้รับบริการ โดยการใช้เทคนิคทางพฤติกรรมศาสตร์	0	1	2	3	4	0	1	2	3	4
54. จัดให้มีกิจกรรมและโครงการกลุ่ม เช่น กลุ่มจัดหางาน กลุ่มค้นคว้าเกี่ยวกับอาชีพ	0	1	2	3	4	0	1	2	3	4

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หน้าที่การทำงานด้านการ...	ความสำคัญ					ความถี่				
กลุ่มพัฒนาทักษะการหางาน										
55. ติดตามดูการปรับตัวของผู้รับบริการหลังจากได้งานแล้วเพื่อระบุว่ามีต้องการบริการอื่นๆเพิ่มเติมหรือไม่	0	1	2	3	4	0	1	2	3	4
56. ใช้ข้อมูลทางตลาดแรงงานเพื่อการระบุสถานที่ตั้งของงาน การที่จะได้มาซึ่งงานนั้นๆ หรือความก้าวหน้าในการทำงานนั้นๆ	0	1	2	3	4	0	1	2	3	4
57. ใช้ทรัพยากรในท้องถิ่นเพื่อการจัดหางาน เช่นการติดต่อกับนายจ้างในท้องถิ่น เพื่อนร่วมงาน หรือหน่วยงานจัดหางานของรัฐ	0	1	2	3	4	0	1	2	3	4
58. ใช้ระบบคอมพิวเตอร์เพื่อช่วยในการจัดหางาน	0	1	2	3	4	0	1	2	3	4
59. ให้ข้อมูลแก่ผู้รับบริการเกี่ยวกับตำแหน่งงานที่เหมาะสมกับความต้องการและความสามารถ	0	1	2	3	4	0	1	2	3	4
60. ระบุถึงข้อกำหนดทางด้านการศึกษาและการฝึกอบรมที่จำเป็นสำหรับงานตำแหน่งต่างๆ	0	1	2	3	4	0	1	2	3	4
61. วิเคราะห์หน้าที่ต่างๆของแต่ละตำแหน่งงาน	0	1	2	3	4	0	1	2	3	4
62. จำแนกงานที่มีอยู่ในท้องถิ่นโดยการใช้ระบบฐานข้อมูลเกี่ยวกับงานที่มีอยู่	0	1	2	3	4	0	1	2	3	4
63. แนะนำการปรับเปลี่ยนหน้าที่ต่างๆของงานเพื่อที่จะอำนวยความสะดวกแก่ผู้รับบริการที่มีข้อจำกัดทางด้านทางสมรรถภาพโดยการใช้หลักการของ การยศาสตร์ (Ergonomic Principles) ที่ศึกษาถึงศรีระของผู้ทำงาน ในสิ่งแวดล้อมการปฏิบัติงานจริง	0	1	2	3	4	0	1	2	3	4
64. ใช้ความรู้เกี่ยวกับเทคโนโลยีสิ่งอำนวย	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญเลย 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่เคยใช้เลย 1=ใช้ไม่บ่อย 2=ใช้บางบางครั้ง 3=ใช้บ่อยมาก 4=ใช้ตลอดเวลา				
หน้าที่การทำงานด้านการ...	ความสำคัญ					ความถี่				
ความสะดวก (Assistive Technology) เพื่อช่วยเหลือในการทำงาน										
65. ใช้ประโยชน์จากฐานข้อมูลทางด้านอาชีพต่างๆและเอกสารเผยแพร่อื่นๆ	0	1	2	3	4	0	1	2	3	4
66. ระบุถึงระดับของการให้ความช่วยเหลือที่จำเป็นต่อการจัดหางาน เช่นกลุ่มจัดหางาน (Job Club) การจ้างงานแบบสนับสนุน (Supported Employment) หรือการฝึกฝนในสภาพการทำงานจริง (On the Job Training)	0	1	2	3	4	0	1	2	3	4
67. เข้าใจถึงการนำมาใช้ซึ่งพระราชบัญญัติหรือกฎหมายในปัจจุบันที่ส่งผลกระทบต่อการจ้างงานผู้พิการ	0	1	2	3	4	0	1	2	3	4
68. จัดการกับความลำเอียงในการจ้างงานและความกังวลของนายจ้างเกี่ยวกับการจ้างงานผู้พิการ	0	1	2	3	4	0	1	2	3	4
69. ต่อรองกับนายจ้างหรือตัวแทนของสหภาพแรงงานในการที่จะจ้างงานแรงงานผู้บาดเจ็บ	0	1	2	3	4	0	1	2	3	4
70. ให้ข้อมูลที่เหมาะสมแก่นายจ้างเกี่ยวกับทักษะและความสามารถของผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
71. ให้คำแนะนำแก่นายจ้างเกี่ยวกับการปฏิบัติตามกฎหมายด้านการจัดให้มีอาคารที่ผู้พิการสามารถเข้าถึงได้	0	1	2	3	4	0	1	2	3	4
72. ทำหน้าที่เป็นผู้เชี่ยวชาญด้านอาชีพให้แก่องค์กรของรัฐ องค์กรทางกฎหมาย และองค์กรเอกชน	0	1	2	3	4	0	1	2	3	4
73. ให้ความคิดเห็นในฐานะผู้เชียวชาญ หรือเป็นพยานให้แก่ศาลเกี่ยวกับความสามารถในการถูกจ้างงานและความเป็นไปได้ในการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญเลย 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่เคยใช้เลย 1=ใช้ไม่บ่อย 2=ใช้บ้างบางครั้ง 3=ใช้บ่อยมาก 4=ใช้ตลอดเวลา				
หน้าที่การทำงานด้านการ...	ความสำคัญ					ความถี่				
74. ให้ข้อมูลเกี่ยวกับบริการที่มีในองค์กรของท่านแก่หน่วยงานหรือแหล่งส่งต่อผู้รับบริการต่างๆในปัจจุบันและที่เป็นไปได้ในอนาคต	0	1	2	3	4	0	1	2	3	4
75. ประสานงานกิจกรรมต่างๆขององค์กรต่างๆที่เกี่ยวข้องกับแผนการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
76. อธิบายถึงระเบียบ กฎเกณฑ์ของการประกันสังคม และขั้นตอนอันเกี่ยวข้องกับการตัดสินว่ามีความพิการหรือไม่ และสิทธิประโยชน์ที่จะได้รับ	0	1	2	3	4	0	1	2	3	4
77. รายงานให้แก่หน่วยงานที่ส่งต่อผู้รับบริการทราบเกี่ยวกับความคืบหน้าของผู้รับบริการแต่ละราย	0	1	2	3	4	0	1	2	3	4
78. ติดตามความคืบหน้าของผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
79. ประสานงานร่วมกับผู้ให้บริการอื่นๆเพื่อการให้บริการที่มีความสอดคล้องเหมาะสม และทันต่อเวลา	0	1	2	3	4	0	1	2	3	4
80. ปรึกษาหารือกับผู้ประกอบวิชาชีพทางการแพทย์อื่นๆเกี่ยวกับความสามารถทางด้านร่างกาย การพยากรณ์โรค และแผนการบำบัดรักษาของผู้รับบริการแต่ละราย	0	1	2	3	4	0	1	2	3	4
81. เข้าใจกระบวนการเรียกร้องค่าประกัน และความรับผิดชอบเกี่ยวกับเงินชดเชยแรงงานของลูกจ้าง	0	1	2	3	4	0	1	2	3	4
82. ส่งต่อผู้รับบริการไปยังผู้เชี่ยวชาญหรือบริการที่เหมาะสม	0	1	2	3	4	0	1	2	3	4
83. ระบุอย่างชัดเจนถึงธรรมชาติของปัญหาของผู้รับบริการ เพื่อการส่งต่อไปยังผู้ให้บริการอื่นๆ	0	1	2	3	4	0	1	2	3	4
84. อธิบายถึงบริการและข้อจำกัดของ	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญเลย 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่เคยใช้เลย 1=ใช้ไม่บ่อย 2=ใช้บ้างบางครั้ง 3=ใช้บ่อยมาก 4=ใช้ตลอดเวลา				
หน้าที่การทำงานด้านการ...	ความสำคัญ					ความถี่				
ทรัพยากรต่างๆในชุมชนแก่ผู้รับบริการ										
85. รวบรวมและแปลผลข้อมูลของผู้รับบริการเพื่อการเก็บรักษาระเบียนประวัติของผู้รับบริการที่เป็นปัจจุบันที่สุด	0	1	2	3	4	0	1	2	3	4
86. บันทึก สรุป และรายงานผล เพื่อที่ผู้อื่นจะสามารถเข้าใจกรณีของผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
87. จัดเก็บเอกสารที่สำคัญทั้งหมดเกี่ยวกับข้อมูลทางด้านอาชีพของผู้รับบริการเพื่อการเป็นพยานในศาลหรือเพื่อการเก็บบันทึก	0	1	2	3	4	0	1	2	3	4
88. ตัดสินใจทางด้านการเงินได้อย่างเหมาะสมและทันต่อเวลาภายใต้บริบทของการจำนวนของผู้รับบริการที่อยู่ในความรับผิดชอบในหน่วยงานของท่าน	0	1	2	3	4	0	1	2	3	4
89. ต่อรองเรื่องความรับผิดชอบทางการเงินกับผู้ส่งต่อผู้รับบริการและเพื่อการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
90. ประชาสัมพันธ์งานบริการด้านการฟื้นฟูสมรรถภาพ ให้แก่หน่วยงานภาคธุรกิจและองค์กรต่างๆ	0	1	2	3	4	0	1	2	3	4
91. ระบุถึงและปฏิบัติตามนัยเชิงจริยธรรมและกฎหมาย อันเกี่ยวข้องกับความสัมพันธ์กับผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
92. ปฏิบัติตามข้อพิจารณาทางจริยธรรมและกฎหมายเกี่ยวกับการสื่อสารและการบันทึกข้อมูลผู้รับบริการ เช่น การเก็บรักษาความลับของผู้รับริการเป็นต้น	0	1	2	3	4	0	1	2	3	4
93. อ่านงานเขียนเชิงวิชาชีพอันเกี่ยวข้องกับธุรกิจ ตลาดแรงงาน การแพทย์ และการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
94. ทำการทบทวนผลงานเชิงวิชาการด้านการ	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญเลย 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่เคยใช้เลย 1=ใช้ไม่บ่อย 2=ใช้บ้างบางครั้ง 3=ใช้บ่อยมาก 4=ใช้ตลอดเวลา				
หน้าที่การทำงานด้านการ...	ความสำคัญ					ความถี่				
ฟื้นฟูสมรรถภาพในหัวข้อหรือกรณีปัญหาที่ได้รับมอบหมาย										
95. นำผลทางการวิจัยที่ได้รับการตีพิมพ์มาใช้ในการปฏิบัติงานจริง	0	1	2	3	4	0	1	2	3	4
96. นำหลักการทางกฎหมายทางการฟื้นฟูสมรรถภาพไปใช้ในการปฏิบัติงานประจำวัน	0	1	2	3	4	0	1	2	3	4
97. ให้ความรู้แก่ผู้รับบริการเกี่ยวกับสิทธิของเขาภายใต้กฎหมาย	0	1	2	3	4	0	1	2	3	4
98. แปลผลหรืออธิบายนโยบายของหน่วยงานของท่านให้แก่ผู้รับบริการและผู้อื่นได้รับทราบ	0	1	2	3	4	0	1	2	3	4
99. เข้าร่วมกับกลุ่มต่างๆเพื่อให้ความช่วยเหลือหรือส่งเสริมโครงการการฟื้นฟูสมรรถภาพต่างๆ	0	1	2	3	4	0	1	2	3	4
100. ส่งเสริมการตระหนักรู้ของสังคม และสนับสนุนด้านกฎหมายเกี่ยวกับโครงการการฟื้นฟูสมรรถภาพต่างๆ	0	1	2	3	4	0	1	2	3	4
101. ระบุถึง และทำหายมุมมองที่เหมารวมเกี่ยวกับผู้พิการ	0	1	2	3	4	0	1	2	3	4
102. รับข้อเสนอแนะจากผู้รับบริการอย่างสม่ำเสมอ เกี่ยวกับความพึงพอใจต่อบริการที่ให้และคำแนะนำต่างๆในการพัฒนาปรับปรุงบริการ	0	1	2	3	4	0	1	2	3	4
103. สนทนาพูดคุยกับนายจ้างเกี่ยวกับทางเลือกในการกลับไปทำงานของผู้พิการ	0	1	2	3	4	0	1	2	3	4
104. รับหนังสือรับรองที่จะกลับไปทำงานจากแพทย์ที่รักษา	0	1	2	3	4	0	1	2	3	4
105. รับเอกสารรายงานเกี่ยวกับความคืบหน้าของผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
106. เข้าร่วมการประชุมต่างๆของคณะทำงาน	0	1	2	3	4	0	1	2	3	4

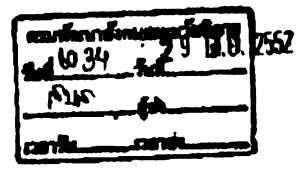
	0= ไม่มีความสำคัญเลย 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่เคยใช้เลย 1=ใช้ไม่บ่อย 2=ใช้บ้างบางครั้ง 3=ใช้บ่อยมาก 4=ใช้ตลอดเวลา				
หน้าที่การทำงานด้านการ...	ความสำคัญ					ความถี่				
107. ทำหน้าที่เป็นผู้สนับสนุนแก่ผู้รับบริการและครอบครัว เกี่ยวกับผู้จ่ายค่ารักษาหรือผู้ให้บริการรายอื่นๆที่เป็นบุคคลหรือหน่วยงานที่สาม	0	1	2	3	4	0	1	2	3	4
108. ศึกษาวิจัยและจัดให้มีไว้ซึ่งทุน ทรัพยากรทางชุมชน และการสนับสนุนต่างๆ ที่จำเป็นต่อการกลับคืนสู่สังคมของผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
109. ประเมินและเลือกหน่วยงานที่ให้บริการเฉพาะทางต่างๆแก่ผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
110. ติดต่อผู้แทนจำหน่ายเพื่อสั่งซื้ออุปกรณ์ช่วยเหลือผู้พิการ	0	1	2	3	4	0	1	2	3	4
111. ตัดสินและเฝ้าดูผลลัพท์ของการจัดการผู้ป่วยแต่ละราย	0	1	2	3	4	0	1	2	3	4
112. ฝึกอบรมเพื่อนร่วมงานหรือหัวหน้างานของผู้รับบริการ เกี่ยวกับประเด็นต่างๆ เรื่องการทำงานและความพิการ	0	1	2	3	4	0	1	2	3	4
113. ทำการวิเคราะห์ตลาดแรงงาน	0	1	2	3	4	0	1	2	3	4
114. ใช้กลยุทธ์การจัดการความขัดแย้งอย่างมีประสิทธิภาพในการจัดการเรื่องต่างๆแก่ผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
115. ใช้กลยุทธการจัดการเวลาที่มีประสิทธิภาพ	0	1	2	3	4	0	1	2	3	4
116. ทำกิจกรรมต่างๆเกี่ยวกับการจัดการดูแลผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
117. สร้างความสัมพันธ์/สร้างเครือข่าย กับแพทย์และวิชาชีพอื่นๆที่เกี่ยวข้องกับการฟื้นฟูสมรรถภาพ	0	1	2	3	4	0	1	2	3	4
118. ประสานงานบริการเกี่ยวกับการกลับคืนสู่สภาวะงาน (Work Conditioning) หรือการเพิ่มความแข็งแกร่งในการทำงาน (Work Hardening)	0	1	2	3	4	0	1	2	3	4

	0= ไม่มีความสำคัญเลย 1= มีความสำคัญบ้าง 2= สำคัญ 3= สำคัญมาก 4= สำคัญเป็นอย่างยิ่ง					0=ไม่เคยใช้เลย 1=ใช้ไม่บ่อย 2=ใช้บ้างบางครั้ง 3=ใช้บ่อยมาก 4=ใช้ตลอดเวลา				
หน้าที่การทำงานด้านการ...	**ความสำคัญ**					**ความถี่**				
119. สอนทักษะการแก้ปัญหาให้แก่ผู้รับบริการ	0	1	2	3	4	0	1	2	3	4
120. ทำกิจกรรมต่างๆอันเกี่ยวข้องกับการจ้างงานแบบสนับสนุน (Supported Employment)	0	1	2	3	4	0	1	2	3	4

จากประสบการณ์ของท่านในการทำงานกับผู้พิการ ความหน้าที่การทำงานใดที่อาจไม่ได้ระบุอยู่ในแบบสอบถามนี้ แต่ท่านเห็นว่ามีความสำคัญในการทำงานในฐานะ ผู้ปฏิบัติงานด้านการฟื้นฟูสมรรถภาพผู้พิการ ในหน่วยงานที่ท่านกำลังปฏิบัติงานอยู่ (โปรดเขียนตอบในช่องว่างที่ให้ไว้ข้างล่างนี้)

Appendix M: Approval Letter for Data Collection

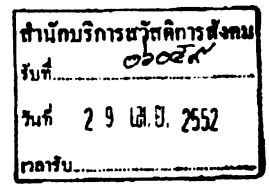
04/05 2009 13 50 FAX 001



ที่ นร 1013.8.1/4439

สำนักงาน ก.พ.
ถนนพิษณุโลก กทม 10300

29 เมษายน 2552



เรื่อง นางสาววิไลภรณ์ โคตรบึงแก นักเรียนทุนรัฐบาล (ก.พ.) ประจำปี 2546

เรียน อธิบดีกรมพัฒนาสังคมและสวัสดิการ

สิ่งที่ส่งมาด้วย 1. หนังสือรับรองการเป็นนักเรียนทุนรัฐบาล
2. ภาพถ่ายหนังสือรับรองจาก Michigan State University ว่า นักเรียนสอบผ่าน Comprehensive Examination ลงวันที่ 23 กุมภาพันธ์ 2552

สำนักงาน ก.พ.ขอส่ง หนังสือรับรองการเป็นนักเรียนทุนรัฐบาล และภาพถ่ายหนังสือรับรองจาก Michigan State University ว่า นางสาววิไลภรณ์ โคตรบึงแก นักเรียนทุนรัฐบาล (ก.พ.) ตามความต้องการของ สำนักงานส่งเสริมและพัฒนาคุณภาพชีวิตคนพิการแห่งชาติ สอบผ่าน Comprehensive Examination มาเพื่อ

☐ ทราบพร้อมหนังสือนี้

☐ โปรดแก้ไข แล้วส่งคืนให้สำนักงาน ก.พ. โดยด่วนต่อไปด้วยจะขอบคุณมาก

☑ ขอความอนุเคราะห์กรมพัฒนาสังคมและสวัสดิการโปรดอนุญาตให้นางสาววิไลภรณ์.โคตรบึงแก เก็บข้อมูลเพื่อประกอบการทำวิทยานิพนธ์ระดับปริญญาเอก ต่อไปด้วยจะขอบคุณยิ่ง

ขอแสดงความนับถือ

ว่าที่ร้อยตรี

(วินัย ชาคริยานุโยค)
รองเลขาธิการ ก.พ.
ปฏิบัติราชการแทนเลขาธิการ ก.พ.

สถาบันพัฒนาข้าราชการพลเรือน
กลุ่มการศึกษาและฝึกอบรมในต่างประเทศ
โทร. 0 2281 8479 โทรสาร 0 2628 6202

ด่วนที่สุด
ที่ พม ๐๓๐๗/ ๐๔๐๖๗

เรียน อธิบดี

สำนักงาน ก.พ ขอความร่วมมือเรื่องขออนุญาตให้ นางสาววิไลภรณ์ โคตรบึงแก นักเรียนทุนรัฐบาล (ก.พ.) ประจำปี ๒๕๔๖ นักศึกษาปริญญาเอก สาขาการให้คำปรึกษาด้านการฟื้นฟูสมรรถภาพคนพิการ ซึ่งกำลังศึกษาที่ Michigan State University สหรัฐอเมริกา เก็บข้อมูลจากศูนย์ฟื้นฟูอาชีพคนพิการ ๕ แห่ง เพื่อประกอบการทำวิทยานิพนธ์ในหัวข้อเรื่อง " Training Needs of Rehabilitation Practioners in Thailand : An Exploratory Study" ดังรายละเอียดดังนี้

๑. ศูนย์บริการสวัสดิการสังคมฯ ๕ รอบ จังหวัดลพบุรี ในวันที่ ๖ พฤษภาคม ๒๕๕๒

๒. ศูนย์ฟื้นฟูอาชีพคนพิการพยาดฝน จังหวัดเชียงใหม่ ในวันที่ ๑๑ พฤษภาคม ๒๕๕๒

๓. ศูนย์ฟื้นฟูอาชีพคนพิการขอนแก่น จังหวัดขอนแก่น ในวันที่ ๑๗ พฤษภาคม ๒๕๕๒

๔. ศูนย์ฟื้นฟูอาชีพคนพิการหนองคาย จังหวัดหนองคาย ในวันที่ ๒๐ พฤษภาคม ๒๕๕๒

๕. ศูนย์ฟื้นฟูอาชีพคนพิการพระประแดง จังหวัดสมุทรปราการ ในวันที่ ๒๕ พฤษภาคม ๒๕๕๒

สำนักบริการสวัสดิการสังคมพิจารณาแล้วเห็นว่าเป็นประโยชน์กับนักเรียนทุนรัฐบาล (ก.พ.) ที่จะนำความรู้ที่ได้รับไปใช้ประโยชน์ในอนาคตต่อไป จึงเห็นควรให้นางสาววิไลภรณ์ โคตรบึงแก เก็บข้อมูลตามวันและสถานที่ดังกล่าว ทั้งนี้ให้อยู่ในความดูแลของผู้อำนวยการศูนย์ฟื้นฟูอาชีพต่อไป

จึงเรียนมาเพื่อโปรดพิจารณาอนุญาต

อนุญาต

(นางรัชนี สุดจิตร์)
ผู้อำนวยการสำนักบริการสวัสดิการสังคม
๒๑ พ.ค. ๒๕๕๒

(นางนนทินี เที่ยงไพศิษฐ์)
รองอธิบดี ปฏิบัติราชการแทน

Appendix N: Knowledge Domain 1
Career Counseling, Assessment and Employer Services

Sub-Domain A: Vocational Consultation and Employer Services (12 items)

40. Job analysis
41. Job modification and restructuring techniques
42. Accommodation and rehabilitation engineering services
45. Employer practices that affect the employment or return to work of individual with disabilities
46. Consultation services available from rehabilitation counselors for employers
63. Transferable skills analysis
64. Marketing strategies and techniques for rehabilitation services
65. The workplace culture and environment
79. "Work conditioning" or Work hardening resources and strategies
80. Ergonomics
82. Methods and techniques used to conduct labor market surveys
83. Business/corporate terminology

Sub-domain B: Job Development and Placement Services (8 items)

25. Job and employer development
28. Vocational implications of functional limitation associated with disabilities
29. Occupational and labor market information
43. Job placement strategies
47. Employer development and job placement
48. Client job seeking skills development
49. Client job retention skills
50. Follow-up/post employment services

Sub-domain C: Career Counseling and Assessment Techniques (8 Items)

27. Theories of career development and work adjustment
34. Tests and evaluation techniques available for assessing client's needs
35. Interpretation of assessment results for rehabilitation planning purpose
37. The evaluation procedures for assessing the effectiveness of rehabilitation services and outcomes
74. Assistive technology
89. Internet resources for rehabilitation counseling
91. Computer-based assessment tools
92. Computer-based job matching systems

Appendix O: Knowledge Domain 2
Counseling Theories, Techniques, and Applications

Sub-domain A: Mental Health Counseling (7 Items)

57. Substance abuse and treatment
60. Rehabilitation techniques for individual with psychological disabilities
77. Wellness and illness prevention concept and strategies
78. Mental health and psychiatrist disability concepts
86. Human sexuality and disability issues
88. Theories and techniques for clinical supervision
90. Treatment planning for clinical problem (e.g. depression and anxiety)

Sub-domain B: Group and Family Counseling (4 Items)

9. Group counseling theories
10. Group counseling practices and interventions
11. Family Counseling theories
12. Family counseling practices and interventions

Sub-domain C: Individual Counseling (4 Items)

13. Individual counseling theories
14. Individual counseling practice and intervention
15. Behavior and personality theory
16. Human growth and development

Sub-domain D: Psychological and Cultural Issues in Counseling (7 Items)

8. Societal issue, trends, and developments as they related to rehabilitation
17. Multicultural counseling issues
18. Gender issues
32. Psychosocial and cultural affect of disability on individuals
33. Psychosocial and cultural affect of disability on families
66. Ethical decision-making models and process
68. Techniques for working with individuals with limited language proficiency

Sub-domain E: Foundation, Ethics, and Professional Issues (5 Items)

1. The history of rehabilitation
2. The philosophical foundation of rehabilitation
51. Rehabilitation literature
52. Basic research methods
53. The design of research projects, program evaluation, and needs assessment approaches

Appendix P: Knowledge Domain 3
Rehabilitation Services and Resources (12 Items)

5.	Organizational structure of the public vocational rehabilitation services delivery program
6.	Organizational structure of the nonprofit services delivery program
21.	Services available for a variety of rehabilitation population, including person with multiple disability
22.	Rehabilitation services in diverse settings
24.	Planning the provision of independent living services with clients
26.	Community resources and services for rehabilitation planning
36.	Financial resources for rehabilitation services
44.	Supported-employment strategies and services
58.	Social security programs, benefits, and disincentives
62.	School-to-work transitions for students with disabilities
85.	Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients
87.	Dual diagnosis and the workplace

Appendix Q: Knowledge Domain 4
Case and Caseload Management (8 Items)

23. Case management process, including case finding, service coordination, referral to and use of other disciplines, and client advocacy
67. Techniques for working effectively in teams and across disciplines
69. Case recording and documentation
70. Clinical problem-solving and critical-thinking skills
71. Case management process and tools
72. Negotiation and conflict solution strategies
81. Principles of caseload management
84. Professional roles, functions, and relationships with other human service providers

Appendix R: Knowledge Domain 5
Health Care and Disability Systems (9 Items)

39. Appropriate medical intervention resources
54. Expert testimony
55. Worker's compensation laws and practices
56. Employer-based disability prevention and management strategies
59. Techniques for evaluating earnings capacity and loss
61. Life care planning
73. Health care benefits
75. Manage care concepts
76. Health care delivery systems

Appendix S: Knowledge Domain 6

Medical, Functional, and Environmental Implication of Disability (8 Items)

3. Legislation or laws affecting individual with disabilities
4. Rehabilitation terminology and concepts
7. Ethical standards for rehabilitation counselors
19. Environmental barriers for individual with disabilities
20. Attitudinal barriers for individuals with disabilities
30. Medical terminology
31. Medical aspects and implications of various disabilities
38. Physical/functional capacities of individuals with disabilities

Appendix T: Job Function Domain 1
Providing Vocational Counseling and Consultation

Sub-domain A: Job Development and Placement (12 items)

6. Identify transferable work skills by analyzing client's work history and functional assets and limitations
7. Assess client's readiness for gainful employment
41. Review medical information with clients to determine vocational implications of their functional limitations
56. Apply labor market information influencing the task of locating, obtaining and progressing in employment
61. Analyze the tasks of a job
62. Classify local jobs using available job classification systems
65. Utilize occupational information and other publications
87. Document all significant client vocational findings sufficient for legal testimony or records
103. Discuss return-to-work options with the employer
104. Obtain a release for a return to work from the treating physician
113. Conduct labor market analyses
118. Coordinate "work conditioning" or work hardening services

Sub-domain B: Career counseling (14 items)

26. Prepare with clients, rehabilitation plans with mutually agreed upon interventions and goals
42. Counsel with clients regarding educational and vocational implications of test and interview information
43. Counsel clients to select jobs consistent with their abilities, interests, and rehabilitation goals
44. Recommend occupational and/or educational materials for clients to explore vocational alternatives and choices
46. Discuss with clients labor market conditions that may influence the feasibility of entering certain occupations
47. Discuss clients' vocational plans when they appear unrealistic
48. Develop mutually agreed upon vocational counseling goals
49. Identify and arrange for functional or skill remediation services for clients' successful job placements
50. Use supportive counseling techniques to prepare clients for the stress of the job search
51. Instruct clients in developing systematic job search skills
52. Instruct clients in preparing for the job interview
57. Use local resources to assist with placement
59. Inform clients of job openings suitable to their needs and abilities
60. Identify educational and training requirements for specific jobs

Sub-domain C: Employer Consultation (11 items)

53. Develop acceptable client work behavior through the use of behavioral techniques
55. Monitor clients' post-employment adjustment to determine need for additional services
58. Use computerized systems for job placement assistance
63. Recommend modifications of job tasks to accommodate clients' functional limitations using ergonomic principles
64. Apply knowledge of assistive technology in job accommodation
66. Determine the level of intervention necessary for job placement (e.g., job club, supported work, OJT)
67. Understand the applications of current legislation affecting the employment of disabled individuals
68. Respond to employer biases and concerns regarding hiring persons with disabilities
69. Negotiate with employers or labor union representatives to reinstate/rehire an injured worker
70. Provide prospective employers with appropriate information on clients' work skills and abilities
71. Provide consultation to employers regarding accessibility

Sub-factor D: Vocational Planning (6 items)

11. Interpret test and ecological assessment outcomes to clients and others
12. Identify clients' work personality characteristics to be observed through an on the job evaluation or simulated work situation
13. Use behavioral observations to make inferences about work personality characteristics and adjustment
14. Integrate assessment data to describe clients' assets, limitations and preferences for rehabilitation planning purposes
15. Match clients' needs with job reinforces and clients' aptitudes with job requirements
16. Make logical job, work area or adjustment training recommendations based on comprehensive client assessment information

Appendix U: Job Function Domain 2
Conducting Counseling Interventions

Sub-factor A: Individual, Group, and Family Counseling (9 items)

30.	Assist clients in verbalizing specific behavioral goals for personal adjustment
31.	Explore clients' needs for individual, group or family counseling
36.	Use behavioral techniques such as shaping, rehearsal, modeling and contingency management
37.	Assist clients in understanding stress and in utilizing mechanisms for coping
38.	Counsel with clients' family to provide information and support positive coping behaviors
39.	Counsel regarding sexual concerns related to the presence of a disability
40.	Counsel with clients using group methods
102.	Obtain regular client feedback regarding the satisfaction with services delivered and suggestions for improvement
119	Teach problem-solving skills to clients

Sub-factor B: Counseling Relationship (10 items)

17.	Develop a therapeutic relationship characterized by empathy and positive regard for the client
18.	Clarify for clients, mutual expectations and the nature of the counseling relationship
19	Identify one's own biases and weaknesses, which may affect the development of a healthy client relationship
20.	Adjust counseling approaches or styles according to clients' cognitive and personality characteristics
22.	Apply psychological and social theory to develop strategies for rehabilitation intervention
23.	Employ counseling techniques (e.g., reflection, interpretation, summarization) to facilitate client self-exploration
24.	Identify social, economic and environmental forces that may present barriers to a client's rehabilitation
27.	Assist clients in terminating counseling in a positive manner, thus enhancing their ability to function independently
28.	Recognize psychological problems (e.g., depression, suicidal ideation) requiring consultation or referral
91.	Identify and comply with ethical and legal implications of client relationships

Sub-factor C: Counseling Techniques (9 items)

5. Determine client's abilities to perform independent living activities
21. Interpret to clients, diagnostic information (e.g., tests vocational and educational records, medical reports)
25. Use assessment information to provide clients with insights into personal dynamics
29. Counsel with clients to identify emotional reactions to disability
32. Assist clients in modifying their lifestyles to accommodate functional limitations
33. Counsel clients to help them appreciate and emphasize their personal assets
34. Provide information to help clients answer other individuals' questions about their disabilities
35. Confront clients with observations about inconsistencies between their goals and their behavior
84. Explain the services and limitations of various community resources to clients

Appendix V: Job Function Domain 3
Using Community-Based Rehabilitation Services (16 items)

45. Supervise new counselors and/or practicum or internship students in rehabilitation counseling activities
54. Conduct group activities and programs such as job clubs, vocational exploration groups, or job seeking skills groups
74. Provide information regarding your organization's programs to current and potential referral sources
76. Describe Social Security regulations and procedures regarding disability determination and benefits
86. Negotiate financial responsibilities with the referral source and/or sponsor for client rehabilitation
90. Market rehabilitation services to businesses and organizations
98. Interpret your organization's policy and regulations to clients and others
99. Participate with advocacy groups to promote rehabilitation programs
100. Promote public awareness and legislative support of rehabilitation programs
106. Attend team conferences
107. Act as an advocate for the client and family with third-party payors and service providers
108. Research and secure funding, community resources, and support needed for community re-entry
109. Evaluate and select facilities that provide specialized care services for clients
110 Contact vendors in order to purchase adaptive/accommodative equipment
112 Contact vendors in order to purchase adaptive/accommodative equipment
120 Perform supported-employment related activities

Appendix W: Job Function Domain 4
Managing Case (19 items)

1.	Assess the significance of client's disability in consideration of medical, psychological, educational, and social support status
2.	Interview the client to collect and verify the accuracy of case information
75.	Coordinate activities of all agencies involved in a rehabilitation plan
77.	Report to referral sources regarding progress of cases
78.	Monitor client progress
79.	Collaborate with other providers so that services are coordinated, appropriate and timely
80.	Consult with medical professionals regarding functional capacities, prognosis, and treatment plan for clients
82.	Refer clients to appropriate specialists and/or for special services
83.	State clearly the nature of clients' problems for referral to service providers
85.	Compile and interpret client information to maintain a current case record
86.	Write case notes, summaries, and reports so that others can understand the case
88.	Make sound and timely financial decisions within the context of caseload management in your work setting
92.	Abide by ethical and legal considerations of case communication and recording (e.g., confidentiality)
105.	Obtain written reports regarding client progress
111.	Determine and monitor individual case management outcomes
114.	Use effective conflict resolution strategies in providing case management services
115	Use effective time management strategies
116	Perform caseload management activities
117	Develop rapport/network with physicians and other rehabilitation professionals

Appendix X: Job Function Domain 5
Applying Research to Practice (6 items)

72. Serve as a vocational expert to public agencies, law firms, and/or private businesses
73. Provide expert opinion or testimony regarding employability and rehabilitation feasibility
81. Understand insurance claims processing and professional responsibilities in workers' compensation
93. Read professional literature related to business, labor markets, medicine and rehabilitation
94. Conduct a review of the rehabilitation literature on a given topic or case problem
95. Apply published research results to professional practice

Appendix Y: Job Function Domain 6
Conducting Assessments (5 items)

3. Determine appropriate community services for client's stated needs
8. Select evaluation instruments and strategies according to their appropriateness and usefulness for a particular client
10. Administer appropriate standardized tests and ecological assessment techniques
4. Evaluate clients' social support system (family, friends, and community relationships
9. Employ computerized assessment techniques

Appendix Z: Job Function Domain 7
Practicing Professional Advocacy (3 items)

96. Apply principles of rehabilitation legislation to daily practice
97. Educate your clients regarding their rights under federal and state law
101 Identify and challenge stereotypic views toward persons with disabilities

Appendix A1: Mean and Standard Deviation of Knowledge Items

Item	Descriptions	Importance		Preparedness	
		Mean	SD	Mean	SD
1	The history of rehabilitation	2.84	1.01	2.34	0.88
2	The philosophical foundation of rehabilitation	2.60	0.96	2.25	0.92
3	Legislation or laws affecting individual with disabilities	3.24	0.96	2.49	0.97
4	Rehabilitation terminology and concepts	2.49	0.94	1.97	0.87
5	Organizational structure of the public vocational rehabilitation services delivery program	2.96	0.87	2.25	0.88
6	Organizational structure of the nonprofit services delivery program	2.99	0.94	2.43	1.07
7	Ethical standards for rehabilitation counselors	3.17	0.91	2.55	0.96
8	Societal issue, trends, and developments as they related to rehabilitation	3.01	0.88	2.30	0.95
9	Group counseling theories	2.62	0.91	2.04	0.95
10	Group counseling practices and interventions	2.66	1.04	2.12	0.99
11	Family Counseling theories	2.82	1.07	2.01	0.98
12	Family counseling practices and interventions	2.89	1.09	2.15	1.08
13	Individual counseling theories	3.06	0.83	2.36	1.07
14	Individual counseling practice and intervention	3.13	0.77	2.56	0.97
15	Behavior and personality theory	2.76	0.94	2.22	0.90
16	Human growth and development	2.84	0.95	2.28	0.95
17	Multicultural counseling issues	3.04	0.90	2.37	0.93
18	Gender issues	2.61	1.02	2.28	0.98
19	Environmental barriers for individual with disabilities	3.21	0.91	2.52	0.97
20	Attitudinal barriers for individuals with disabilities	2.89	0.93	2.34	0.95
21	Services available for a variety of rehabilitation population, including person with multiple disability	3.13	0.86	2.19	0.91
22	Rehabilitation services in diverse settings	3.05	0.91	2.31	0.92
23	Case management process, including case finding, service coordination, referral to and use of other disciplines, and client advocacy	3.18	0.85	2.38	0.90
24	Planning the provision of independent living services with clients	2.96	0.98	2.20	0.93
25	Job and employer development	3.27	0.83	2.47	1.03
26	Community resources and services for rehabilitation planning	2.73	0.94	2.01	0.94
27	Theories if career development and work adjustment	2.76	0.98	2.16	0.99
28	Vocational implications of functional limitation associated with disabilities	2.99	0.93	2.33	0.95

Item	Descriptions	Importance		Preparedness	
		Mean	SD	Mean	SD
29	Occupational and labor market information	3.09	0.98	2.08	1.00
30	Medical terminology	2.26	1.12	1.74	1.01
31	Medical aspects and implications of various disabilities	2.58	1.01	2.01	1.02
32	Psychosocial and cultural affect of disability on individuals	2.76	0.91	2.12	0.88
33	Psychosocial and cultural affect of disability on families	2.81	0.89	2.14	0.96
34	Tests and evaluation techniques available for assessing client's needs	2.80	0.93	2.13	1.04
35	Interpretation of assessment results for rehabilitation planning purpose	2.58	1.08	1.89	1.05
36	Financial resources for rehabilitation services	2.98	0.95	1.94	0.98
37	The evaluation procedures for assessing the effectiveness of rehabilitation services and outcomes	2.92	0.96	2.18	0.98
38	Physical/functional capacities of individuals with disabilities	3.16	0.86	2.36	0.78
39	Appropriate medical intervention resources	2.91	0.96	2.05	0.86
40	Job analysis	2.87	0.97	2.00	0.94
41	Job modification and restructuring techniques	3.03	0.92	2.26	0.96
42	Accommodation and rehabilitation engineering services	3.07	0.92	2.14	1.10
43	Job placement strategies	2.98	0.94	2.09	0.95
44	Supported-employment strategies and services	2.74	1.01	1.80	0.82
45	Employer practices that affect the employment or return to work of individual with disabilities	2.84	0.98	1.82	0.93
46	Consultation services available from rehabilitation counselors for employers	2.80	1.00	1.89	0.97
47	Employer development and job placement	2.80	1.02	1.76	0.97
48	Client job seeking skills development	2.78	0.98	2.07	1.01
49	Client job retention skills	2.77	1.03	1.76	1.01
50	Follow-up/post employment services	2.90	1.01	2.09	1.06
51	Rehabilitation literature	2.53	1.10	1.86	1.05
52	Basic research methods	2.35	1.08	1.76	1.03
53	The design of research projects, program evaluation, and needs assessment approaches	2.59	1.04	1.85	0.97
54	Expert testimony	2.03	1.27	1.33	1.10
55	Worker's compensation laws and practices	2.72	1.11	1.69	1.10
56	Employer-based disability prevention and management strategies	2.67	0.98	1.68	0.97
57	Substance abuse and treatment	2.33	1.33	1.57	1.18
58	Social security programs, benefits, and disincentives	2.85	0.98	2.04	1.06

Item	Descriptions	Importance		Preparedness	
		Mean	SD	Mean	SD
59	Techniques for evaluating earnings capacity and loss	2.62	1.07	1.74	1.08
60	Rehabilitation techniques for individual with psychological disabilities	2.65	1.15	1.55	1.14
61	Life care planning	2.80	1.14	1.74	1.21
62	School-to-work transitions for students with disabilities	2.71	0.96	2.07	1.03
63	Transferable skills analysis	2.43	1.04	1.63	1.01
64	Marketing strategies and techniques for rehabilitation services	2.63	1.08	1.73	1.16
65	The workplace culture and environment	2.91	0.95	2.23	0.99
66	Ethical decision-making models and process	2.80	0.89	2.21	0.87
67	Techniques for working effectively in teams and across disciplines	2.88	0.91	2.26	0.97
68	Techniques for working with individuals with limited language proficiency	2.80	1.03	1.98	1.04
69	Case recording and documentation	3.15	0.81	2.49	0.83
70	Clinical problem-solving and critical-thinking skills	2.57	1.00	1.82	0.98
71	Case management process and tools	2.93	0.84	2.24	0.91
72	Negotiation and conflict solution strategies	2.71	1.03	2.07	0.92
73	Health care benefits	3.16	0.90	2.43	0.92
74	Assistive technology	3.17	0.86	2.33	0.97
75	Manage care concepts	2.85	0.90	2.12	0.89
76	Health care delivery systems	3.02	0.84	2.31	0.93
77	Wellness and illness prevention concept and strategies	2.86	0.88	2.25	0.91
78	Mental health and psychiatrist disability concepts	2.62	1.05	1.58	0.96
79	"Work conditioning" or Work hardening resources and strategies	2.71	0.98	1.86	1.02
80	Ergonomics	2.71	1.09	1.76	1.08
81	Principles of caseload management	2.93	0.80	2.28	0.86
82	Methods and techniques used to conduct labor market surveys	2.65	0.99	1.81	1.00
83	Business/corporate terminology	2.12	1.16	1.48	1.00
84	Professional roles, functions, and relationships with other human service providers	2.90	0.84	2.16	0.89
85	Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients	2.87	0.79	2.10	0.88
86	Human sexuality and disability issues	2.62	0.94	2.03	0.92
87	Dual diagnosis and the workplace	2.46	1.15	1.66	1.05
88	Theories and techniques for clinical supervision	2.60	1.05	1.95	1.05
89	Internet resources for rehabilitation counseling	2.75	0.99	1.77	1.04

Item	Descriptions	Importance		Preparedness	
		Mean	SD	Mean	SD
90	Treatment planning for clinical problem (e.g. depression and anxiety)	2.78	0.95	1.92	1.03
91	Computer-based assessment tools	2.64	0.98	1.64	1.10
92	Computer-based job matching systems	2.78	1.03	1.86	1.16

Appendix A2: Mean and Standard Deviation of Job Function Items

Item	Descriptions	Importance		Frequency	
		Mean	SD	Mean	SD
1	Assess the significance of client's disability in consideration of medical, psychological, educational, and social support status	3.21	0.82	2.66	1.00
2	Interview the client to collect and verify the accuracy of case information	3.30	0.84	2.75	0.98
3	Determine appropriate community services for client's stated needs	2.92	0.96	2.27	0.99
4	Evaluate clients' social support system (family, friends, and community relationships).	2.93	0.90	2.16	0.87
5	Determine client's abilities to perform independent living activities	2.87	0.95	2.31	1.10
6	Identify transferable work skills by analyzing client's work history and functional assets and limitations	2.68	1.07	1.92	1.13
7	Assess client's readiness for gainful employment	2.88	0.94	2.13	1.02
8	Select evaluation instruments and strategies according to their appropriateness and usefulness for a particular client.	2.92	0.92	2.09	1.05
9	Employ computerized assessment techniques	2.53	1.02	1.51	1.19
10	Administer appropriate standardized tests and ecological assessment techniques	2.34	1.15	1.62	1.26
11	Interpret test and ecological assessment outcomes to clients and others	2.27	1.22	1.48	1.21
12	Identify clients' work personality characteristics to be observed through an on the job evaluation or simulated work situation.	2.61	1.13	1.93	1.04
13	Use behavioral observations to make inferences about work personality characteristics and adjustment.	2.84	0.95	2.36	1.08
14	Integrate assessment data to describe clients' assets, limitations and preferences for rehabilitation planning purposes.	2.75	1.07	2.03	1.04
15	Match clients' needs with job reinforcers and clients' aptitudes with job requirements.	2.58	1.05	1.74	1.10
16	Make logical job, work area or adjustment training recommendations based on comprehensive client assessment information	3.05	0.83	2.35	1.10
17	Develop a therapeutic relationship characterized by empathy and positive regard for the client.	2.99	0.89	2.46	1.08
18	Clarify for clients, mutual expectations and the nature of the counseling relationship.	2.98	0.87	2.36	0.96
19	Identify one's own biases and weaknesses, which may affect the development of a healthy client relationship.	2.86	0.96	2.22	1.09
20	Adjust counseling approaches or styles according to clients' cognitive and personality characteristics.	2.92	0.96	2.35	1.16
21	Interpret to clients, diagnostic information (e.g., tests vocational and educational records, medical reports).	2.70	1.09	2.06	1.14
22	Apply psychological and social theory to develop	2.81	1.02	2.19	1.11

Item	Descriptions	Importance		Frequency	
		Mean	SD	Mean	SD
	strategies for rehabilitation intervention.				
23	Employ counseling techniques (e.g., reflection, interpretation, summarization) to facilitate client self-exploration.	2.78	0.94	2.15	1.04
24	Identify social, economic and environmental forces that may present barriers to a client's rehabilitation.	2.75	1.04	2.08	1.10
25	Use assessment information to provide clients with insights into personal dynamics.	2.74	1.02	2.13	1.06
26	Prepare with clients, rehabilitation plans with mutually agreed upon interventions and goals.	2.82	0.89	2.20	0.95
27	Assist clients in terminating counseling in a positive manner, thus enhancing their ability to function independently.	3.06	0.94	2.46	1.03
28	Recognize psychological problems (e.g., depression, suicidal ideation) requiring consultation or referral.	2.97	1.07	2.03	1.20
29	Counsel with clients to identify emotional reactions to disability.	3.04	0.92	2.32	1.11
30	Assist clients in verbalizing specific behavioral goals for personal adjustment.	2.80	0.99	2.22	1.03
31	Explore clients' needs for individual, group or family counseling.	2.92	0.82	2.31	0.94
32	Assist clients in modifying their lifestyles to accommodate functional limitations.	3.10	0.89	2.44	1.00
33	Counsel clients to help them appreciate and emphasize their personal assets.	3.06	0.90	2.50	0.94
34	Provide information to help clients answer other individuals' questions about their disabilities.	2.62	1.04	1.96	1.03
35	Confront clients with observations about inconsistencies between their goals and their behavior.	2.67	0.95	2.00	1.19
36	Use behavioral techniques such as shaping, rehearsal, modeling and contingency management.	2.38	1.06	1.66	1.13
37	Assist clients in understanding stress and in utilizing mechanisms for coping.	2.91	0.94	2.22	0.99
38	Counsel with clients' family to provide information and support positive coping behaviors.	2.91	0.97	2.10	1.01
39	Counsel regarding sexual concerns related to the presence of a disability.	2.58	1.10	1.76	1.15
40	Counsel with clients using group methods.	2.68	0.99	2.01	1.04
41	Review medical information with clients to determine vocational implications of their functional limitations.	2.79	1.01	2.04	1.14
42	Counsel with clients regarding educational and vocational implications of test and interview information.	2.88	0.99	2.24	1.04
43	Counsel clients to select jobs consistent with their abilities, interests, and rehabilitation goals.	3.12	0.80	2.41	1.08
44	Recommend occupational and/or educational materials for clients to explore vocational alternatives and choices.	3.02	0.83	2.41	0.93
45	Supervise new counselors and/or practicum or internship students in rehabilitation counseling activities.	2.77	1.07	1.98	1.24

Item	Descriptions	Importance		Frequency	
		Mean	SD	Mean	SD
46	Discuss with clients labor market conditions that may influence the feasibility of entering certain occupations.	2.97	0.85	2.18	1.07
47	Discuss clients' vocational plans when they appear unrealistic.	2.79	0.97	2.10	1.03
48	Develop mutually agreed upon vocational counseling goals.	2.84	0.89	2.04	0.99
49	Identify and arrange for functional or skill remediation services for clients' successful job placements.	2.81	0.99	1.93	1.03
50	Use supportive counseling techniques to prepare clients for the stress of the job search.	2.74	0.93	2.01	1.03
51	Instruct clients in developing systematic job search skills.	2.86	0.91	2.10	1.08
52	Instruct clients in preparing for the job interview (e.g., job application, resume preparation, attire, interviewing skills).	2.88	0.93	2.08	1.04
53	Develop acceptable client work behavior through the use of behavioral techniques.	2.64	0.96	1.75	1.10
54	Conduct group activities and programs such as job clubs, vocational exploration groups, or job seeking skills groups.	2.66	1.06	1.80	1.16
55	Monitor clients' post-employment adjustment to determine need for additional services.	2.83	1.00	1.93	1.11
56	Apply labor market information influencing the task of locating, obtaining and progressing in employment.	2.62	0.99	1.84	1.12
57	Use local resources to assist with placement (e.g., employer contacts, colleagues, state employment service).	2.87	0.96	2.08	1.08
58	Use computerized systems for job placement assistance.	2.70	1.06	1.76	1.07
59	Inform clients of job openings suitable to their needs and abilities.	2.83	0.89	2.23	0.96
60	Identify educational and training requirements for specific jobs.	2.82	0.97	2.17	1.06
61	Analyze the tasks of a job.	2.74	1.00	1.83	1.14
62	Classify local jobs using the available classification systems.	2.56	1.07	1.73	1.07
63	Recommend modifications of job tasks to accommodate clients' functional limitations using ergonomic principles.	2.52	1.00	1.78	1.01
64	Apply knowledge of assistive technology in job accommodation.	2.78	0.93	2.02	1.04
65	Utilize occupational information	2.66	1.01	2.11	1.02
66	Determine the level of intervention necessary for job placement (e.g., job club, supported work, OJT).	2.68	0.99	1.94	1.10
67	Understand the applications of current legislation affecting the employment of disabled individuals	2.94	0.91	2.17	1.06
68	Respond to employer biases and concerns regarding hiring persons with disabilities.	2.60	1.04	1.61	1.22
69	Negotiate with employers or labor union representatives to reinstate/rehire an injured worker.	2.70	1.14	1.58	1.19
70	Provide prospective employers with appropriate	2.93	0.80	2.00	1.14

Item	Descriptions	Importance		Frequency	
		Mean	SD	Mean	SD
	information on clients' work skills and abilities.				
71	Provide consultation to employers regarding accessibility and issues related to law or legislative compliance.	2.90	0.89	1.87	1.17
72	Serve as a vocational expert to public agencies, law firms, and/or private businesses.	2.61	1.16	1.57	1.27
73	Provide expert opinion or testimony regarding employability and rehabilitation feasibility.	2.27	1.18	1.29	1.28
74	Provide information regarding your organization's programs to current and potential referral sources.	2.78	0.97	2.20	1.13
75	Coordinate activities of all agencies involved in a rehabilitation plan.	2.81	0.91	2.28	1.01
76	Describe Social Security regulations and procedures regarding disability determination and benefits.	2.84	0.94	1.93	1.10
77	Report to referral sources regarding progress of cases.	2.70	0.98	2.16	1.17
78	Monitor client progress.	2.99	0.95	2.47	1.04
79	Collaborate with other providers so that services are coordinated, appropriate and timely.	2.91	0.93	2.36	1.03
80	Consult with medical professionals regarding functional capacities, prognosis, and treatment plan for clients.	2.78	1.03	2.10	1.21
81	Understand insurance claims processing and professional responsibilities in workers' compensation.	2.73	0.95	1.52	1.19
82	Refer clients to appropriate specialists and/or for special services.	2.70	1.03	1.99	1.10
83	State clearly the nature of clients' problems for referral to service providers.	2.79	0.99	2.00	1.15
84	Explain the services and limitations of various community resources to clients.	2.57	1.05	1.86	1.20
85	Compile and interpret client information to maintain a current case record.	2.92	1.05	2.36	1.15
86	Write case notes, summaries, and reports so that others can understand the case.	2.84	1.10	2.31	1.14
87	Document all significant client vocational findings sufficient for legal testimony or records.	2.47	1.18	1.66	1.23
88	Make sound and timely financial decisions within the context of caseload management in your work setting.	2.58	1.13	1.73	1.21
89	Negotiate financial responsibilities with the referral source and/or sponsor for client rehabilitation.	2.41	1.22	1.45	1.19
90	Market rehabilitation services to businesses and organizations.	2.90	0.98	2.37	1.06
91	Identify and comply with ethical and legal implications of client relationships.	2.72	1.07	2.04	1.14
92	Abide by ethical and legal considerations of case communication and recording (e.g., confidentiality).	2.88	1.02	2.24	1.23
93	Read professional literature related to business, labor markets, medicine and rehabilitation.	2.56	1.10	1.77	1.08
94	Conduct a review of the rehabilitation literature on a given topic or case problem.	2.52	1.02	1.84	1.16

Item	Descriptions	Importance		Frequency	
		Mean	SD	Mean	SD
95	Apply published research results to professional practice.	2.63	1.09	1.81	1.20
96	Apply principles of rehabilitation legislation to daily practice.	2.73	0.96	2.02	1.11
97	Educate your clients regarding their rights under federal and state law.	2.82	0.97	2.23	1.10
98	Interpret your organization's policy and regulations to clients and others.	2.91	0.83	2.32	1.09
99	Participate with advocacy groups to promote rehabilitation programs.	2.87	0.95	2.32	1.01
100	Promote public awareness and legislative support of rehabilitation programs.	2.84	0.91	2.17	1.03
101	Identify and challenge stereotypic views toward persons with disabilities.	2.47	1.08	1.73	1.09
102	Obtain regular client feedback regarding the satisfaction with services delivered and suggestions for improvement.	2.96	0.92	2.43	1.01
103	Discuss return-to-work options with the employer.	2.62	1.06	1.70	1.04
104	Obtain a release for a return to work from the treating physician.	2.47	1.12	1.43	1.21
105	Obtain written reports regarding client progress.	2.58	1.10	1.72	1.21
106	Attend team conferences.	2.94	0.98	2.48	1.03
107	Act as an advocate for the client and family with third-party payors and service providers.	2.57	1.14	1.73	1.23
108	Research and secure funding, community resources, and support needed for community re-entry.	2.48	1.03	1.46	1.22
109	Evaluate and select facilities that provide specialized care services for clients.	2.64	0.93	1.82	1.16
110	Contact vendors in order to purchase adaptive/accommodative equipment.	2.70	1.09	2.04	1.21
111	Determine and monitor individual case management outcomes.	2.65	1.09	1.83	1.20
112	Train clients' co-workers/supervisors regarding work and disability issues.	2.72	0.96	2.07	1.07
113	Conduct labor market analyses.	2.39	1.15	1.48	1.24
114	Use effective conflict resolution strategies in providing case management services.	2.64	0.90	1.89	1.05
115	Use effective time management strategies.	2.60	0.95	1.99	1.02
116	Perform caseload management activities.	2.92	0.82	2.51	0.95
117	Develop rapport/network with physicians and other rehabilitation professionals.	3.07	0.92	2.44	1.07
118	Coordinate "work conditioning" or work hardening services.	2.64	1.06	1.81	1.11
119	Teach problem-solving skills to clients.	2.98	0.78	2.43	1.02
120	Perform supported-employment related activities.	2.63	1.08	1.74	1.21

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