

**DETERMINING COMPETENCIES FOR MANAGERS IN THE
FEDERAL-STATE VOCATIONAL REHABILITATION SYSTEM**

By

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ABSTRACT

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The year 2020 marks the 100th anniversary of the profession of rehabilitation counseling. In the field of rehabilitation counseling, counselors focus their efforts on assisting people with disabilities attain employment, independent living and maximize functioning despite the disability. Many rehabilitation counselors work in the federal-state vocational rehabilitation system, with over 80 vocational rehabilitation agencies in the United States. Rehabilitation counselors in the federal-state vocational rehabilitation system often get promoted to be a rehabilitation manager. Through role and function studies the competencies of a rehabilitation counselor have been researched. However, there is little research on the competencies of a rehabilitation manager. The literature indicates that the knowledge, skills and abilities of a manager are different than a counselor, however little empirical evidence is present.

This study seeks to answer the research question: what are the competencies needed for a rehabilitation manager? This study uses the Delphi method of research by assembling a group of subject-matter experts who determine the competencies through a series of surveys. The Delphi method is a way of seeking consensus in an anonymous way, thus avoiding group think. Eighty (80) state directors in the federal-state vocational rehabilitation system received the first round of surveys. Of the eighty (80), seventeen (17) responded to the first survey, eleven (11) respond to the second round and ten (10) responded to the third round of surveys. Each round of surveys sought to lower the variance between responses.

The research followed the theoretical framework of competency models that addresses knowledge, skills and abilities of the position in question. Through a series of surveys competencies are validated by subject-matter experts. All competencies received a somewhat important to extremely important rating, thus validating that all competencies are important. The final survey yielded one-hundred percent consensus of the following: effective communication skills, ability to handle high pressure situations and ability to lead staff. Additionally, ability manage partnerships, ability to think strategically, possession of emotional intelligence, ability to build trust, knowledge about relevant legislation and ability to independently and take initiative with minimal direction all achieved high ranking scores as necessary competencies for a rehabilitation manager to possess.

Key words: *management, competencies, rehabilitation management, rehabilitation counseling*

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CHAPTER 1

INTRODUCTION

Emergence of a Profession

The year 2020 marks the 100th anniversary of the federal-state vocational rehabilitation (VR) program. Influenced by World War I and the Soldiers Rehabilitation Act of 1918, the Smith Fess Act of 1920 was passed to provide rehabilitation services to individuals with physical disabilities, later expanding to include all disability types (Leahy & Szymanski, 1995). The primary focus of federal-state VR program is to support a person with a disability to obtain, maintain or retain employment despite the disability. This legislation also created a new occupation for individuals seeking to assist people with disabilities find employment. Originally the federal-state VR program was envisioned to be a retraining program to help people who acquired disabilities to prepare to return to the workforce (Shaw & Mascari, 2018). Therefore, this new occupation attracted teachers and vocational-technical personnel. As the field of vocational rehabilitation expanded it became apparent a multidisciplinary approach was needed and additional personnel from other disciplines were utilized to serve clients with disabilities (Shaw & Mascari, 2018). Shaw & Mascari (2018) indicated these disciplines included medicine, special education, physical therapy, occupational therapy, vocational education and psychology.

In 1954 President Eisenhower signed into law amendments to the Social Security Act (SSA.gov). It was the 1954 amendments (Public Law No. 565) that the profession of rehabilitation counseling became more formalized, with the appropriation of funding designated specifically to train rehabilitation counselors. The evolution of the profession led rehabilitation counselors to serve as case managers, coordinators with other disciplines and counselors to help people with their adjustment to disability (Shaw & Mascari, 2018). Additionally, rehabilitation

counselors in the federal-state VR program focused on vocational counseling and job placement to assist people to return to work or maintain employment.

Throughout the last century this program has persistently realized many positive transformations, with relatively few legislative setbacks. In 1973 the Rehabilitation Act was signed into law by President Nixon further solidifying the profession of rehabilitation counseling and its credentialing requirements. Most recently, the Workforce Innovation Opportunity Act (WIOA) of 2014 was passed which includes the Rehabilitation Act. WIOA paved the way for an increased focus on pre-employment transition services for youth and a greater emphasis on career development, not simply job attainment (WIOA, 2014). The one notable set-back to the federal-state VR program in WIOA is the erosion of credentialing requirements for rehabilitation counselors. Rehabilitation counseling is a profession that since 1954 has required a master's degree to perform the function of a rehabilitation counselor in the federal-state VR setting.

Many of the highly trained rehabilitation counselors are promoted into management positions at some point in their career. The change in WIOA, which allows for the hiring of bachelor level staff can potentially create a challenge when it comes to filling management positions with qualified candidates. While the impact of this change has not been fully realized on federal-state VR agencies and rehabilitation counselor performance, it does cause of concern as it relates to leadership development and hiring for leadership positions (Sabella, 2017).

The Leadership Gap

In addition to the concerns about the eroding credential requirements of counselors and the potential lack of master level rehabilitation counselors moving into leadership positions, there is a current concern about filling management positions due to a high number of people leaving due to attrition in the federal-state VR system (Sabella, 2017). Sabella (2017) noted that

the turnover rate for rehabilitation managers will pose a significant concern for federal-state VR agencies over the next five years. It was estimated that 37.3% of supervisors and 51.1% of administrators would retire or leave the agency by 2021 (Sabella, 2017). Over 87% of people in management will have retired from 2017-2021, leaving a cavernous management gap. This high turnover will lead to a manager deficit within federal-state VR agencies, with the potential for positions to be filled by people who have not obtained a master's degree in rehabilitation counseling or a related field. It has been noted that 33% of rehabilitation counseling graduates are promoted to management within five (5) years of graduation, with 74.2% performing some management tasks within 5 years on the job in the federal-state VR setting (Herold et al., 2008; Riggart et al., 2005).

Riggart et al. (2005) further notes that rehabilitation counseling educators fail to expose students to skills and knowledge associated with administrator and supervisory practices. Leahy et al. (2014) supports that point by noting that there is a significant gap in knowledge about leadership styles, management practices and organizational structure within federal-state VR agencies. The overall concern lies in the fact WIOA allows for non-rehabilitation trained individuals to serve as rehabilitation counselors, and subsequently rehabilitation managers, without the extensive and rigorous training many master's and PhD level rehabilitation counseling professionals have endured.

Accountability Factors

Publicly funded and operated human service programs not only invest in client success, but also carry a unique set of accountability factors which implies the need for quality administrative involvement and leadership skills (Heinrich, 2002). This includes the federal-state VR program, which is administered by the United States Department of Education, Office of

Special Education and Rehabilitation, Rehabilitation Services Administration (RSA). The purpose of the federal-state VR program is to help people with disabilities obtain, maintain and retain employment, ultimately becoming economically self-sufficient, productive citizens in the American society (H.R. Res. 803, 113-2, 2014).

The effectiveness of the federal VR program has a direct benefit on our economy (Hahn, 2007). Hahn (2007) indicates when people, including those with disabilities, have access to employment opportunities that pay a livable wage, our economy is better-off. Within each federal-state VR agency is a staff structure that is comprised of rehabilitation counselors, supervisors, administrators and managers (Sabella, 2017). The role of the rehabilitation manager has a different function in the federal-state VR program than the rehabilitation counselor. Rehabilitation counselors typically possess master's degrees in rehabilitation counseling or other related counseling degrees, due to the extensive knowledge required to help people with disabilities (Wong, Chan, Da Silva-Cardoso, Lam, & Miller, 2004). Therefore, the rehabilitation counseling master's education is focused on teaching counseling skills, disability implications, career-development theories and case management (Leahy, Muenzen, Saunders, & Strauser, 2009). In general, management responsibilities often include staff supervision and performance evaluation, business skills, community relations and resource development (Jennings, 2007). Therefore, it is noted that management roles are different than the counselor role, however, there is limited research regarding the core competencies required to be a rehabilitation manager within in the federal-state VR setting (Holter & Kopka, 2001).

The importance of effective rehabilitation management was extrapolated from the 2006 report issued by the General Accountability Office, which assessed the VR program purpose & design, strategic planning, management and accountability (US GAO, 2005). The report

indicated that the VR program was ‘adequate’, which was the average rating on a rating scale from ‘effective’ to ‘results not demonstrated’ (US GAO, 2005). These ratings are utilized by the United States Office of Management and Budget to make decisions about the budget and policies for federal programs (US GAO, 2005). Therefore, an improvement in this rating could presumably lead to a positive impact on the resources for the VR program. Since managers, in general, have an impact on strategic planning, design, management and accountability (Mumford, Campion, & Morgeson, 2007), researching effective management within this program could have a positive impact on these functions, resulting in an improvement to the overall federal rating of the VR program.

Theoretical Framework of Competency Models

Using the theoretical framework of competency models to identify the skills, knowledge, and characteristics (Lucia & Lepsinger, 1999), this research will focus on the core competencies needed for a rehabilitation manager in the federal-state VR setting. Lucia and Lepsinger (1999) define competency as “the state or quality of being properly or well qualified,” however they note this definition does not articulate what is being measured. Competency models are highly useful in ensuring managers are doing the right things for effective performance in their role and for the organization (Lucia & Lepsinger, 1999). Lucia and Lepsinger (1991) state that competency models help organizations align internal behaviors and skills with the strategic direction of the organization as a whole. The strategic direction for federal-state VR agencies as indicated by WIOA is to achieve progress in the following six areas:

1. Percentage of program participants who are in unsubsidized employment during the 2nd quarter after program exit.

2. Percentage of program participants who are in unsubsidized employment during the 4th quarter after program exit.
3. The median earnings of participants who are in unsubsidized employment during the second quarter after exit from the program.
4. Percentage of participants in a postsecondary education or training program and received a credential/certificate during the program or within one year after exit or received a diploma or equivalent from a secondary education program while in program or within one year of exit and, who were employed or enrolled in an education or training program leading to a recognized postsecondary credential within one year after exit.
5. Percentage of participants, who during a program year, are in an education or training program that leads to a recognized postsecondary credential or employment and, who are achieving measurable skill gains toward such a credential or employment.
6. Effectiveness in serving employers.

These performance indicators mark a significant change over previous iterations of the federal-state VR program; therefore, requiring new ways of conducting business. Little is known about the necessary core competencies of rehabilitation managers in this new environment with more specific measurable indicators as indicated in WIOA. Competency models describe a particular combination of knowledge, skills and characteristics needed to effectively perform a role within an organization. These models are frequently used by human resource professionals for recruiting, selecting, training, staff development, appraisal and succession planning.

Statement of Problem

Purpose of Vocational Rehabilitation

Individuals with disabilities have lower rates of workforce participation and lower earnings than their nondisabled peers (Golden et al., 2012). When seeking employment, the federal-state VR program is often the best source for receiving supports and services. This is due to the extensive training and knowledge of many VR counselors. VR counselors are trained to understand the impact disability has on employment, adjustment to disability, knowledge about job accommodations, how to approach employers and how to ensure proper supports are in place to promote success in the workplace (Leahy et al., 2003).

The role of the federal-state VR agency as identified in Title I of the Rehabilitation Act, as amended, is:

To assist states in operating statewide, comprehensive, coordinated, effective, efficient and accountable programs of vocational rehabilitation, each of which is (A) an integral part of a statewide workforce investment system and (B) designed to assess plan, develop and provide vocational rehabilitation services for individuals with disabilities consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice, so that individuals may prepare for and engage in gainful employment (Sec.100 (a)(2))

The federal-state VR program has been in existence for 100-years starting with the Smith-Fess Act of 1920. There are 80 federally established VR programs operating in 50 states and five territories (RSA.gov). Twenty- four (24) states have separate agencies that serve people who are blind and people who are not blind (all other disability categories). Twenty-six (26)

states, the District of Columbia and the five (5) US territories have federal state VR agencies that are considered combined agencies, or serve all disability types (US GAO, 2005). While the federal state VR program successfully helped improve workforce participation of people with disabilities, it hasn't been entirely free of concerns regarding efficiency and use of resources. In 2006 the US Government Accountability Office (GAO) issue a report to the US Department of Education, which funds federal-state VR agencies, indicating that over \$2.5 billion is spent annually on program activities and administration, with the outcome of placing one-third of people with disabilities served into gainful employment (Golden et al., 2012). In 2012, the GAO issued a subsequent report which addressed the fragmentation of the workforce development system, indicating programs were in need of urgent attention and organizational transformation.

The Management Variable

Management is a critical strategic variable that has been shown to have a positive influence on job satisfaction, organizational commitment, organizational culture, organizational health, organizational learning, organizational performance and organizational transformation (Karadag, 2015). The concept of transformation is a function of senior management (Herold et al., 2008). Within the field of human services there is a significant difference between the role of the front-line staff and the role of the organization's management. Presumably, each role plays a distinctive, yet critical role in supporting the success of the client and the mission of the organization.

Sabella (2017) presents a paradigm designed to help organize the varying positions within the federal-state VR systems. He notes that there are three specific roles: Frontline Staff (aspiring leaders), Supervision and Administration. We have a solid understanding of the role

and functions of a frontline staff person through the role and function study of rehabilitation counselors (Leahy et al., 2003, 2018), however, the research is lacking on the role and functions of a rehabilitation administrator and manager. The Sabella (2017) research presents the roles and functions in a succinct manner (Figure 1):



Figure 1: Staff role and functions in federal-state VR programs

There is little empirical research regarding the influence of management on the federal-state VR agency employees and clients (Leahy et al., 2014, Sabella, 2017). With the expected turnover rate of managers in the coming years the timing is imperative to better understand the core competencies of a rehabilitation manager within the federal-state VR system, the skills necessary to be prepared and successful in that role and how to prepare future managers for that role. The introduction of WIOA and the six (6) performance indicators is another challenge for rehabilitation managers as they have to navigate the disruption the newer legislation created with in the federal-state VR program. Not only did WIOA cause a disruption for managers and the

way they approach strategic goals; rehabilitation managers must manage the disruption WIOA caused for the front-line rehabilitation counselors.

Purpose of Study

This study seeks to fill the gap in research regarding the core competencies of a rehabilitation manager in the federal-state VR program. In human resource management literature the term competency is often broken into three categories; knowledge, skills and abilities (KSAs) (Delamare-Le Deist & Winterton, 2007; Rodriguez, Patel, Bright, Gregory, & Gowing, 2002). Lucia & Lepsinger (1999) introduce the competency model that includes the concept of essential skills, knowledge, personal characteristics and behaviors. This research will be centered around developing an understanding of the core competencies a rehabilitation manager should possess using the theoretical framework of the Lucia and Lepsinger (1999) model that incorporates essential skills, knowledge, aptitude, personal characteristics and behaviors.

This study is important in three ways. First, understanding the core competencies of rehabilitation managers can assistance in recruiting, job satisfaction and lowering turn-over rates (Tesone & Ricci, 2005). Secondly, with heightened understanding of core competencies the opportunity to design training and management support programs which align more closely with the identified core competencies presents itself (Zaccaro, 2000). And, third, with improved recruiting and training, federal-state VR agencies can structure their succession planning in a more strategic manner, essentially filling the pipeline with qualified candidates for future management job openings (Liang et al., 1993).

Research Question

This research study will seek to address the following question:

What are the competencies of a rehabilitation manager in the federal-state vocational rehabilitation system?

This question will be posed to state directors of the federal-state VR system using the Delphi method. A Delphi method is a quantitative methodology for achieving consensus.

Summary

Based upon the outlook for attrition of rehabilitation managers and the inception of WIOA, it is timely to research what competencies are necessary for a rehabilitation manager in the federal-state vocational rehabilitation system. It is hypothesized that the competencies of a rehabilitation manager are different from the competencies of a rehabilitation counselor. Meaning a good counselor isn't necessarily going to make a good manager. The value of this data is to help federal-state VR agencies with the recruiting, training, development and hiring of people whose skills align with these competencies.

CHAPTER 2

LITERATURE REVIEW

The Discipline of Rehabilitation Counseling

The discipline of rehabilitation counseling has a rich history dating back to 1920 with the passage of the Smith-Fess Act, which provided vocational rehabilitation services for civilians with physical disabilities (Leahy & Szymanski, 1995). This Act was an extension of the Soldiers Rehabilitation Act of 1918, which targeted soldiers from World War I who acquired combat-related disabilities. When the 1935 Social Security Act was passed the state-federal vocational rehabilitation (VR) program was cemented as a permanent program and included the provision of services for other disabilities. VR legislation experienced many amendments that shaped the discipline of rehabilitation counseling and was seminal to current and future practice of rehabilitation counseling.

The profession of VR was originally envisioned as a retraining program, therefore it attracted teachers and vocational-technical personnel (Shaw & Mascari, 2018). Shaw and Mascari (2018) noted that as services and diagnoses broadened it became evident a multidisciplinary approach was needed. Evolving was the need to include professionals in the field of medicine, special education, physical therapy, occupational therapy, vocational education and psychology (Elliott & Leung, 2005). The 1954 Vocational Rehabilitation Act amendments provided a more robust definition of the knowledge and skills a counselor in the VR program emerged. Those working in VR settings needed to understand psychosocial adaptation to disability, be able serve as a case manager, understand the world of work, be able to do vocational counseling and job placement (Shaw & Mascari, 2018). Due to the expanded clarity

in the role the 1954 amendments provided grants to universities to train people to become rehabilitation counselors, thus the discipline of rehabilitation counseling was solidified.

Evolution of a Profession

The profession of rehabilitation counseling evolved significantly starting in the 1970's. When the Rehabilitation Act of 1973 was passed it called for credentialing of rehabilitation counselors. This time period, extending into the 1980's, saw an increase in professionalization of the field of rehabilitation counseling. The development of a code of ethics and scope of practice emerged, along with the development of a strong research foundation and accreditation and certification bodies (Leahy & Tarvydas, 2001).

In the early 1970's the Commission on Rehabilitation Counseling Certification (CRCC) was formed, along with the first counseling accrediting body, the Council on Rehabilitation Education (CORE) in 1973. CORE was established using empirical evidence regarding the knowledge and skills a rehabilitation counselor needs to possess (Leahy et al., 2003). The empirical evidence was based on the role and functions studies initially conducted by Muthard and Salamone (1969) and subsequently by Leahy et. al. (1993, 2003, 2013, 2018). The early emphasis in the profession was placed on developing CORE and CRCC. The 1992 Rehabilitation Act amendments further promoted the need for rehabilitation counselors to receive a master's level education in order to be a qualified provider of rehabilitation counseling in the VR setting. The emphasis today in higher education continues to be the development of the knowledge and skills of a qualified rehabilitation counselor. The knowledge of a rehabilitation counselors as identified in the Knowledge Validation Inventory-Revised (KVI-R) in Leahy et al. (2018) are:

1. Rehabilitation and mental health counseling
2. Employer engagement and job placement

3. Case management
4. Medical and psychosocial aspects of chronic illness and disability
5. Research methodology and evidenced-based practice
6. Group and family counseling

This information builds on decades of research to develop a deeper understanding of the knowledge and skills that rehabilitation counselors must be trained on to be a competent rehabilitation professional. It embraces the role of the counselor as a vocational expert, a counselor who can counsel in a variety of settings using proven counseling techniques, a counselor who can serve as a case manager that can access community resources and manage multiple cases simultaneously, a counselor who can conduct assessments and access the latest empirical data to incorporate into practice and a counselor who is competent to practice professional advocacy on behalf of both the client, but also the profession of rehabilitation.

Federal-State Vocational Rehabilitation Agencies

While the federal-state vocational rehabilitation (VR) setting is not the exclusive setting rehabilitation counselors are employed, the history of the profession is rooted in the federal-state VR setting with multiple pieces of legislation guiding the profession. For instance, the Vocational Rehabilitation Act of 1954 further defined the role of a rehabilitation counselor and provided grants to universities to train rehabilitation counselors (Shaw & Mascari, 2018). The Rehabilitation Act of 1973 called for credentialing of rehabilitation counselors and the Rehabilitation Act amendments in 1992 identified a qualified rehabilitation counselor (Bruyère & Saleh, 2018). All of these pieces of legislation also provided the provisions for the federal-state vocational rehabilitation program. The goal of the VR program as identified in the Rehabilitation Act of 1973 is to assist states with the operation of a comprehensive, coordinated,

effective, efficient and accountable VR program to provide vocational assessments, career counseling, job training, job development/placement, assistive technology, supported employment and follow-along services (29 U.S.C. § 720 (a)(2)). The VR program is referred to as a state-federal program due to the nature of funding and administrative control. States must provide 27.3% of state funds in order to receive the full federal allotment of funding. In addition, states have a great deal of control of how the VR program is established and operated within a state. However, all program must meet the performance indicators as identified in the Rehabilitation Act.

Most recently the Rehabilitation Act was reauthorized in the Workforce Innovation and Opportunities Act of 2014. WIOA established six new performance indicators that VR agencies must demonstrate evidence of obtaining. These six indicators are:

1. Percentage of program participants who are in unsubsidized employment during the 2nd quarter after program exit.
2. Percentage of program participants who are in unsubsidized employment during the 4th quarter after program exit.
3. The median earnings of participants who are in unsubsidized employment during the second quarter after exit from the program.
4. Percentage of participants in a postsecondary education or training program and received a credential/certificate during the program or within one year after exit or received a diploma or equivalent from a secondary education program while in program or within one year of exit and, who were employed or enrolled in an education or training program leading to a recognized postsecondary credential within one year after exit.

5. Percentage of participants, who during a program year, are in an education or training program that leads to a recognized postsecondary credential or employment and, who are achieving measurable skill gains toward such a credential or employment.
6. Effectiveness in serving employers.

These performance indicators are monitored by the U.S. Department of Education, Office of Special Education, Rehabilitation Services Administration. On an annual basis every state VR agency must report their performance status as it relates to these six indicators. Failure to meet the performance standards results in VR agencies being placed on corrective action plans and could result in financial sanctions (RSA.gov).

States have a fair amount of latitude in how they establish and operate the VR program within their state. Some states have two VR program, one agency may serve the population of people who are blind and visually impaired, while the other agency serves all other disabilities. WIOA requires that each agency have a state director who is responsible for ensuring the performance indicators are met. The provision of service is provided through the rehabilitation counselor. The organizational structure between counselors and state directors varies from state-to-state; however, it is presumed each agency has additional layers of managers or supervisors that serve as the go-between from counselor to state director. All non-counselors either serve the role of administrator or manager.

Role of Managers - Federal-State Vocational Rehabilitation Agencies

While decades of research has been conducted regarding the competencies of a rehabilitation counselor, there is little published research regarding the competencies of the rehabilitation manager in the federal-state vocational rehabilitation setting (Leahy et al., 2014;

Sabella, 2017). Leahy et al. (2014) states that there are few empirical studies on leadership and management in the public VR setting. Much of the research has been centered around the role of clinical supervision. Which according to Leahy et al. (2014) has been largely unsystematic, incomplete and inadequate. Sabella (2016) confirms that little research has been conducted on the influence of leadership on agency, employees and clients.

Van Wart (2003) notes that there is little research available for government or bureaucratic administrative roles, in general. In an unpublished study the following question was asked: *What knowledge, skills and abilities does a rehabilitation manager need to be effective in their role within the public vocational rehabilitation system?* (Grivetti, 2019). Grivetti (2019) conducted a qualitative analysis using grounded theory to formulate the hypothesis that the skills necessary for a rehabilitation manager are different than a rehabilitation counselor. The sample size was small (n=7) and consisted of managers at various levels of management. One person was an agency director, which aligns with the senior level of management. The remaining six fell into the middle manager category. Each participant was asked questions that helped identify the knowledge, skills and abilities for a rehabilitation manager. The definitions of knowledge used in this research is the theoretical or practical understanding of a subject, acquired through learning or experience and increases with experience. The definition of skill is the proficiencies developed through training or experience, practiced or learned behavior and can be develop with practice. The definition of aptitude the quality of being able to do something that is natural or inherent.

This study asked the participants what knowledge skills and abilities does a rehabilitation manager need to possess. The results are presented in the below frequency tables.

Table 1: Knowledge Domains

<u>Knowledge Domains</u>	<u>Frequency</u>
Organizational Management	16
Vocational Rehabilitation System/Process	15
Personnel Management	15
Legislation	12
Technical Assistance Resources	6
Strategic Partnerships	6
Political Environment	4
Policy Implementation	2
Systems (Government/Education)	2

Table 2: Skill Domain

<u>Skill Domains</u>	<u>Frequency</u>
Personnel Management	35
Partnerships and Relationships Management	15
Communication	12
Manage Complexity and Ambiguity	8
Self-Management	6
Conflict Management	5
Strategic Thinking	4
Outcome-Focused	3
Interpret and Apply Data and Research	3
Interpret Regulations/Policies and Apply to Practice	3
Negotiation	2
Facilitation	2
Client centric	2
Fiscal Management	1
Basic Computer Programs	1

Table 3: Abilities Domain

<u>Abilities Domain</u>	<u>Frequency</u>
Manage Time and Prioritize	10
Flexible and Adaptable	6
Creative and Innovative	4
Lead	3
Think Analytically and Critically	3
Work Independently and take Initiative	3
Ability to Handle Pressure	2
Discerning	2
Curious	2

Table 3 (cont'd):

Visionary and Strategic Thinker	2
Compassionate and Empathetic	2
Engage in self-assessment	2
Multi-task	1
Focus	1
Honesty and Integrity	1
Responsible	1
Forgiving	1
Persuasive	1
Resourceful	1
Vulnerable	1
Confident	1
Ethical	1
Logical Decision-Maker	1
Emotional Intelligence	1

Participants were then asked what the impact the knowledge, skills and abilities has on the success of a federal-state VR agency. The results are presented in Table 4, which includes the assemblage of the results from Tables 1, 2 and 3 into knowledge, skills and abilities (KSA) and then into sub-domains (Grivetti, 2019).

Table 4: KSA, domain and short-term outcomes

KSA	Domain	Short-Term Outcomes
Knowledge	Organizational Management	Monitoring of key performance provisions
Knowledge	Organizational Management	Appropriate program planning, forecasting and allocation of resources
Knowledge	Vocational Rehabilitation System Processes	Create a more effective framework for service provisions
Knowledge	Vocational Rehabilitation System Processes	Knowledge of federal VR regulations

Table: 4 (cont'd)

Knowledge	Vocational Rehabilitation System Processes	Establish policy based on knowledge of practice and regulations
Knowledge	Personnel Management	Staff have clarity on mission
Knowledge	Personnel Management	Motivated staff
Knowledge	Personnel Management	Better trained staff
Knowledge	Personnel Management	Promotion of best practices
Knowledge	Personnel Management	Staff feeling supported
Knowledge	Personnel Management	Staff are client-centric
Knowledge	Personnel Management	Hiring and retaining of right staff
Knowledge	Personnel Management	Adapting to change
Knowledge	Personnel Management	Ensuring counselor's without master's degrees are supported
Knowledge	Policy Implementation	National policy is synthesized into service implementation
Knowledge	Policy Implementation	Establish policy based on knowledge of practice and regulations
Skills	Partnership and relationship management	Trusting relationships with staff
Skills	Partnership and relationship management	Leverage collective talent with partners
Skills	Partnership and relationship management	Positive relationships with community and businesses

Table 4 (cont'd):

Skills	Outcome Focused	Focused staff
Skills	Personnel Management	Assurance that proper tools and resources are provided to staff
Skills	Personnel Management	Recruitment of talent
Skills	Personnel Management	Staff are engaged in developing strategic goals and outcomes
Skills	Fiscal Management	Stewards of resources
Skills	Communication	Staff feel more engaged in organization success
Ability	Ability to Lead	Staff will follow vision of leader
Ability	Ability to Lead	Inspires others
Ability	Ability to Lead	Improved employee moral
Ability	Ability to Lead	Inspires others to achieve greatness
Ability	Ability to Lead	Staff retention
Ability	Ability to Handle pressure	Face challenging situations with poise
Ability	Ability to think analytically and critically	Considerate of how VR agency is portrayed
Ability	Ability to think analytically and critically	Development of more impactful services and partnerships
Ability	Ability to think analytically and critically	Remain outcome-focused

Table 4 (cont'd):

Ability	Self-assessment	Continual reevaluation of leadership impact
Ability	Self-assessment	Willingness to improve
Ability	Self-assessment	Role model for staff

This data collected from the unpublished Grivetti (2019) research shows that the impact of managers having the knowledge, skills and abilities listed in Table 4 may have an intermediate impact on improved internal controls, staff feeling supported to remain client-centric, improved outcomes for client, lower staff turnover and improved program monitoring.

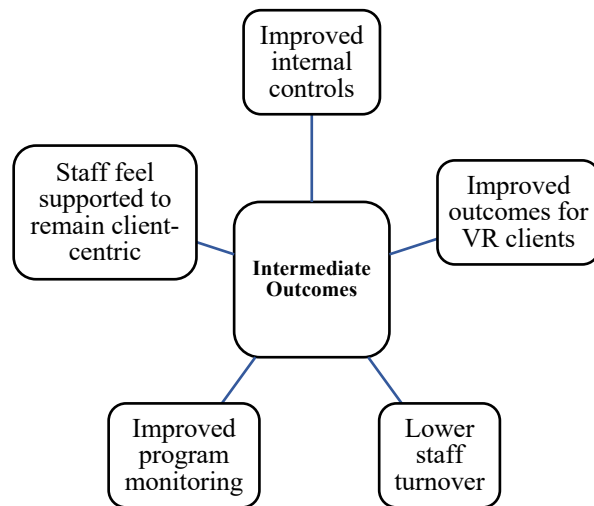


Figure 2: Impact of managers KSA's on organizational intermediate outcomes

The longer-term impact identified in the unpublished study is an impact of creating stronger communities, stronger workforce, overall societal improvements and people with disabilities feeling empowered. However, to validate these results broader studies would need to be done with a larger sample size.

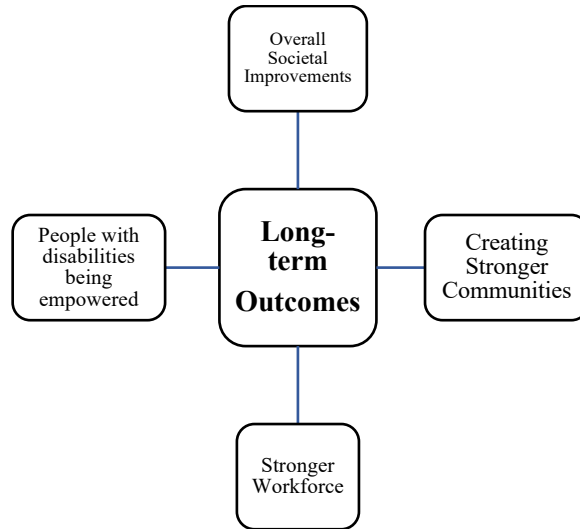


Figure 3: Impact of managers KSA’s on organizational long-term outcomes

A VR agency in Michigan, Michigan Rehabilitation Services (MRS), provided an outline of their competencies and objectives for district managers and site managers in Table 5 and 6. District managers have direct supervision of site managers and are responsible for multiple offices. Site managers have direct supervision of the operations of an assigned office and staff of counselors and rehabilitation assistants. Both positions comprise a portion of managers in the MRS organizational structure.

Table 5: District manager competencies and objectives

District Manager Competencies	Objectives
<ul style="list-style-type: none"> • Aligning Performance for Success • Decision Making • Customer Focus • Building Partnerships • Innovation • Communication 	<p>Objective 1 Manage the District Operational Plan which includes:</p> <ul style="list-style-type: none"> • Progress toward achievement of Performance Goals and Objectives. • Implementation of bureau initiatives. • Performance of site Managers and other District staff to ensure delivery of services to eligible customers with disabilities.

Table 5 (cont'd):

<ul style="list-style-type: none"> Valuing Diversity and Inclusion 	<ul style="list-style-type: none"> Demonstrate progress on Federal Performance Standard for Adjusted Rehabilitation Rate. Management of the budget.
	<p>Objective 2</p> <ul style="list-style-type: none"> Effectively collaborate with community partners to promote program effectiveness and the full inclusion of individuals with disabilities. Develop and manage district resources including Interagency Cash Transfer Agreements, Third Party Cooperative Arrangements and Private Contributions toward the approved district target.
	<p>Objective 3</p> <ul style="list-style-type: none"> Assure quality of services by conducting casework reviews according to the protocols and timeframes set by Michigan Rehabilitation Services (MRS). Achieve 90 % of the Rehabilitation Service Administration (RSA) standards for eligibility and IPE development. Assure feedback to staff regarding the review and the correction of casework errors as appropriate. Provide or arrange for policy training as needed. Develop and implement strategies to reduce the recurrence of casework error. Use existing data and other information to assess customer needs and improve customer satisfaction with the services provided by MRS.
	<p>Objective 4</p> <ul style="list-style-type: none"> Foster a constructive district environment that supports quality work. Engage staff in problem solving to identify opportunities for continuous improvement and implementation of process change. Implement at least one change. Work collaboratively with MRS staff and other district managers on Bureau priorities to achieve Bureau objectives. Represent district managers on work groups established by the Bureau.

Table 5 (cont'd):

	<p>Objective 5</p> <ul style="list-style-type: none"> • Provide positive direction in the implementation of Equal Employment Opportunity programs, such as diversity, discriminatory harassment and Americans with Disabilities Act through training and monitoring in order to ensure compliance with federal, state and civil rights statutes. Ensure that equitable practices are adhered to in the area of selection hiring, assignments, discipline and training. • Demonstrate commitment to workplace safety through establishment of safety procedures and safe working conditions. Respond in a timely manner to reporting requirements for information on these practices. • Conduct formal performance appraisals for site managers and others in probationary status within 30 days of the end date. The evaluations shall be based on objective and fair information. Performance feedback shall be conducted for all other employees at least annually.
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Table 6: Site manager competencies and objectives

Site Manager Competencies	Objectives
<ul style="list-style-type: none"> • Develop a successful team • Customer focus • Valuing diversity & inclusion • Communication • Decision making • Managing conflict 	<p>Objective 1: Under the direct supervision of the District Manager manages the a reports duties and performance in alignment with the District Oper</p> <ul style="list-style-type: none"> • Progress toward achievement of the individual Performance Goals and Objectives • Effective supervision of individual staff to ensure delivery of se to Eligible customers • Demonstrate individual progress on Federal Performance Stand for Adjusted Rehabilitation Rate.
	<p>Objective 2: Under the direct supervision of the District Manager, manages individual casework performance to achieve Federal Performance Standards, MRS policy, and case work standards:</p> <ul style="list-style-type: none"> • Achieve 90 % of the RSA standards for Eligibility and IPE • Assure feedback to individuals' staff regarding case review

Table 6 (cont'd):

	<ul style="list-style-type: none"> • Provide or arrange for policy training as needed. • Develop and implement individual strategies to reduce the recurrence of casework errors. • Provide coaching, training, and consultation to staff to assure the provision of quality services • Identify performance issues and initiate corrective action, i.e., training, coaching, and disciplinary action.
	<p>Objective 3: Under the direct supervision of the District Manager fosters a positive work culture:</p> <ul style="list-style-type: none"> • Encourages individuals support to provide quality work • Reinforces the development of positive and constructive relationships • Demonstrates fairness in the treatment of staff, i.e., equitable assignments and site practices.
	<p>Objective 4: Under the direct supervision of the District Manager provide for the positive and effective implementation of EEO programs such as diversity, discriminatory harassment and ADA through training and monitoring in order to ensure compliance with federal, state and civil rights statutes:</p> <ul style="list-style-type: none"> • Responds to reporting requirements in a timely way • Ensure that equitable practices are adhered to in the area of selection hiring, assignments, discipline and training • Demonstrates commitment to workplace safety procedures and safe working conditions
	<p>Objective 5: Under the direct supervision of the District Manager demonstrates a strong commitment to performance appraisal and feedback through the development of individual goals, objectives, and performance expectations with staff:</p> <ul style="list-style-type: none"> • Conduct staff performance appraisals within 30 days of the end date: including probationary staff • Ensure objective and fair evaluations through the performance management process • Provide performance feedback to site staff throughout the year • Takes prompt action to assist or intervene in support of site staff.
	<p>Objective 6: Under the direct supervision of the District Manager demonstrate strong commitment to customer service:</p>

Table 6 (cont'd):

	<ul style="list-style-type: none">• Use existing individual data and other information to assess needs to improve customer satisfaction.• Effective resolution of customer complaints.
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Role of Managers-General


People in management positions serve an important role as it relates to organizational effectiveness. It can be said that success of organizations is determined by the quality of its organizational managers (Crawley, 1994). This is due to the fact managers have the potential to create positive organizational cultures, facilitate a motivated workplace and steer organizations to be more productive and higher performing (Ingraham-Wallace & Getha-Taylor, 2004). Crawley (1994) states that managers create an environment where maximizing potential can be realized, and desired outcomes can be achieved. Effective management provides better quality goods and services, a sense of cohesiveness, an overarching sense of direction and vision and a healthy mechanism for innovation and creativity (Van Wart, 2003). Van Wart (2003) indicates that management is one of the most commonly observed and least understood phenomena.

Management is described as a process of obtaining, deploying and utilizing a variety of essential resources in support of an organizations objectives (Bittel & Newstrom, 1990). Bittel & Newstrom (1990) further state that managers devote a large portion of their own efforts to planning, organizing, staffing, activating, and controlling the work of their human capital. Managers need to focus on people, not just tasks (Belker et al., 2018). They need to rely on others, not just be self-reliant. Managers must also be team oriented and have a broad focus, whereas non-managers or front-line staff have a narrow focus and are more detail orientated (Belker et al., 2018). Belker et al. (2018) states that the manager is an artist because management is nuanced and subjective; it involves a different mindset than a non-manager.

The role of the manager is summarized by Crawley (1994) as planning, organizing, staffing, directing and controlling. When it comes to organizing, the managers role is to design an organizational structure which will lead to the implementation of strategic goals and ensuring activities are grouped appropriately so accomplishing desired strategic goals is more streamlined. Crawley (1994) identified staff responsibility as the function of recruiting, interviewing, orienting and establishing collaborative teams. Essentially, hiring the right practitioner for the right caseload.

Crawley (1994) states the use of marginal power to elicit self-analysis by the subordinate, combined with the managers own insight and knowledge will produce self-understanding on the part of the subordinate commitment to mutually accepted goals and a plan for action for achieving them. The role of the manager is to facilitate, not direct, their staff to reach their potential through a set of established goals that align with the organizations mission, vision, values and strategic goals.

Not all management roles are alike, many organizations have different levels of managers and each has a different role designed to accomplish the organizations strategic vision. Many organizations divide up their roles into three levels: senior leadership, middle managers and supervisors. The below table addresses the common functions within each role:



Senior Leadership	<ul style="list-style-type: none"> • Broad strategic planning • Setting organizational objectives & general policies • Motivate staff • Direct and control direct-report managers
Middle Manager	<ul style="list-style-type: none"> • Plan • Initiate and implement programs • Carry out broader objectives set by senior leadership
Supervisor	<ul style="list-style-type: none"> • Plan • Motivate • Direct and control work of non-managerial staff

Figure 4: Management levels and roles

There are several federal laws that define what a supervisor is. The term supervisor is used interchangeably with manager in the below excerpts. The Taft Hartley Act of 1947 says a supervisor is:

An individual having authority, in the interest of the employee, to hire, transfer, suspend, lay-off, recall, promote, discharge, assign, reward or discipline other employees, or responsibility to direct them or to adjust their grievances, or effectively to recommend such action, if in connection with the foregoing the exercise of such authority is not merely of a routine or clerical nature, but requires the use of independent judgment (Bittel & Newstrom, 1990).

The Fair Labor Standard Act of 1938 also speaks to the definition of a supervisor:

An executive whose primary duty consists of the management of a customarily recognized department or subdivision; who customarily and regularly directs the work of two or more employees; who have the authority to hire and fire other employees or whose suggestions or recommendations as to the hiring and firing and as to the advancement and promotion or any other change in status will be given a particular weight; who does not devote more than twenty percent (20%) of their hours of work which are not closely related to that of managerial work.

Because the laws stipulate that managers be paid salary, versus an hourly wage, it is important the law speaks to the difference between management versus non-management roles.

The specific KSA's required for a manager have been discussed in the scholarly setting and it has been noted that additional research on manager skill requirements are needed, including how those skills requirements vary at differing levels of an organization (Mumford et al., 2007). In 1991, the Secretary's Commission on Achieving Necessary Skills issued a report

known as the SCANS report (Holter & Kopka, 2001). This report noted the foundational management skills necessary include: (a) planning, (b) organization, (c) management, and (d) use of resources, information, systems, and technology, and (e) interpersonal qualities. In addition, skills such as problem solving, listening, negotiation, knowing how to learn, teamwork, self-esteem, leadership and motivation/goal setting, organizational effectiveness, employability/career development, oral and listening skills, and creative thinking are also viewed as essential (Holter & Kopka, 2001). In the Connelly et al. (2000) literature the skills, abilities, and personality characteristics for middle managers, in an unspecified field, include decision-making ability, creativity skills, planning & organizing skills, human relations skills, oral communication ability, desire for advancement, resistance to stress, tolerance for ambiguity, energy, diversity in interests, and high work standards. In the Mumford et al. (2000) literature the researchers illustrated the complexity of the leadership role and noted that leadership theories have traditionally focused on behavioral traits, however a focus on understanding knowledge, skills and capabilities has the potential to develop effective leaders.

The United States Office of Personnel Management website was consulted for further information. This site provided very specific criteria on senior level management. The criteria are presented as senior leadership core qualifications and include the following: leading change, leading people, results driven, business acumen, building coalitions/communications (OPM.gov)

Managers are described as having the ability to articulate a vision and to inspire and motivate co-workers (Liang et al., 1993). Effective managers understand social network relationships among organization members and between other organizations. and are able to influence networks for the benefit of the organization (Masadeh, Maqableh, & Karajeh, 2014).

And, developing managers requires a systematic, interactive, ongoing process, in which training experiences are combined with practice of the new skills "on the job" (Liang et al., 1993). The challenge with understanding effective manager competencies lies in complexities of the role (Lowry, 1995; Van Wart, 2003). However, managers place the welfare of organizations as a high priority, whereas clinicians place their clients' needs as a top priority (Lawson, 1994).

Transition to Manager from Clinician

Work role transitions can have a profound significance for the future development of individuals and their organizations (Nicholson, 1984). According to Nicholson (1984) role transitions are defined as any change in employment status and covers the transition from rehabilitation counselor to rehabilitation manager. Role transition theory states that we need not look at the antecedent causes that may cause disruption to the individual and organization, but rather the focus needs to be on how the role transition is experienced and managed, and subsequently what the outcomes are (Nicholson, 1984). Essentially, we need to develop an understanding of how the transition from rehabilitation counselor to manager is experienced and understand and address the disruption and subsequent outcomes.

While the literature regarding the transition from rehabilitation counselor to rehabilitation manager is deficient, there is a plethora of research and literature from other health-related fields. In a Wales, United Kingdom study difficulties with clinician to manager transition has been noted in the public sector (Lawson, 1994). The study looked the most notable issues with transitioning from clinician to manager. Lawson (1994) noted that the biggest challenge was letting go of client needs and focusing on overall organizational health. Additional challenges include difficulty with understanding managerial concepts, lack of knowledge about technical, statistical and financial matters, coping with conflicting demands on clinical versus

administrative time, demands for limited resources, loyalties between staff and other managers, and overall struggle with dropping case-by-case concerns in exchange of a global view of the organization, lack of experience, isolation due to loss of acceptance by staff peers and new management peers and unexpected political dimensions of management.

One challenge noted with the role transition is the ambiguous nature of management. The role of a manager is not typically as easily defined as a role of a clinician or rehabilitation counselor (Crawley, 1994). The lack of clarity can be improved through the use of mentors or coaches (Lawson, 1994; Perry, 2009). Lawson (1994) noted in addition to mentors, organizations should create a formal apprenticeship program, offer formal training and career development support and ensure adequate resources are devoted to skill development. Managers new skill sets encompasses the need to be receptive to new ideas, letting go of power over decision-making, empower the team to take control, trust in the teams abilities, let others make mistakes and employ broad controls (Crawley, 1994). In the absence of mentoring or coaching these skills are not often easily developed. Managers strive to look good, however, fail to recognize that management is a team effort, not the effort of one.

Often times the decision to move someone from front-line staff to manager is absent of a thorough vetting process (Belker et al., 2018). Belker et al. (2018) states that decisions are often made on how the person is performing in their current position. The theory is that past performance is an indicator of future success. Belker et al. (2018) challenges that theory as management roles differ greatly from a front-line staff position. This notion further supports the need to understand the role of a rehabilitation manager, as we need to determine whether or not being a good counselor determines whether one can transition to be a good manager.

One of the most challenging aspects of this role transition is effectively moving from an expert to a novice, or when a 'seasoned' counselor advances into a management role that requires a different set of competencies in which they may be a novice at (Evans, 2003). Belker et al. (2018) notes that many organizations do little to prepare managers for their roles. It was stated that many managers experience the 'sink or swim' method when transitioning into a management role. During a role transition it is common to feel some cognitive dissonance, not feeling a part of the former role, nor the new role (Brown, & Olshansky, 1997). Brown & Olshansky (1997) suggest that while no definitive time frame is assigned to this period of liminality, new managers typically feel a minimal level of competence within one-year. Recognizing this as a normal aspect of the transition process allows managers within the federal-state VR setting to consider mentoring and support programming that eases the anxiety and chaos that ensues when making this role change.

Competency-Based Models

Competency models have been commonly utilized by human resource professionals for over 50 years. Competency models refer to collections of knowledge, skills, abilities and other characteristics that are needed for effective performance on the job (Campion et al., 2011). The movement towards competency-based approaches began in the early 1970's when American psychologist, David McClelland, published his paper *Testing for Competency Rather than Intelligence* (McClelland, 1973; Rodriguez et al., 2002). McClelland's research shifted the human resource paradigm from a behavioral approach to a competency-based approach, noting that one can be trained to be competent (Delamare-Le Deist & Jonathan Winterton, 2007; McClelland, 1973). Lucia & Lepsinger (1999) indicated that competency models are used to identify skills, knowledge and other characteristics needed to perform a job. Furthermore, this

type of model is highly useful in articulating what the role of a job is, how it aligns with the strategic vision of the organization, developing performance evaluation tools and assisting in developing succession plans within an organization (Lucia & Lepsinger, 1999). Competency models are different than task analysis. The primary differences as identified by Campion et al. (2011)

1. Senior leaders typically pay more attention to competency modeling
2. Competency models often attempt to distinguish top performers from average performers.
3. Competency models are usually directly linked to business objectives and strategies.
4. Competency models are typically developed top down (start with senior leaders) rather than bottom up (start with line employees).
5. Competency models may consider future job requirements either directly or indirectly
6. Competency models may be presented in a manner that facilitates ease of use (e.g., organization-specific language, pictures, or schematics that facilitate memorable-ness).
7. Usually, a finite number of competencies are identified and applied across multiple functions or job families.
8. Competency models are frequently used actively to align the HR systems.
9. Competency models are often an organizational development intervention that seeks broad organizational change as opposed to a simple data collection effort.

Some models look at knowledge skills and abilities (KSA) as the primary factors for determining competencies for a position (Delamare-Le Deist & Winterton, 2007). The terms ‘KSA’s’ and ‘competency’ are often used interchangeably, however competency is synonymous with the entirety of each component of KSA’s (Delamare-Le Deist & Winterton, 2007). In the

Rodriquez et al. (2002) research the notion of competency as a predictor of job success was discussed as a growing practice in human resource management. Lucia and Lepsinger (1999) introduce behaviors and personal characteristics to the KSA model.

Lucia and Lepsinger (1999) utilize a competency pyramid that extends beyond the traditional KSA model and incorporates behaviors and personal characteristics into the pyramid as their theoretical framework:

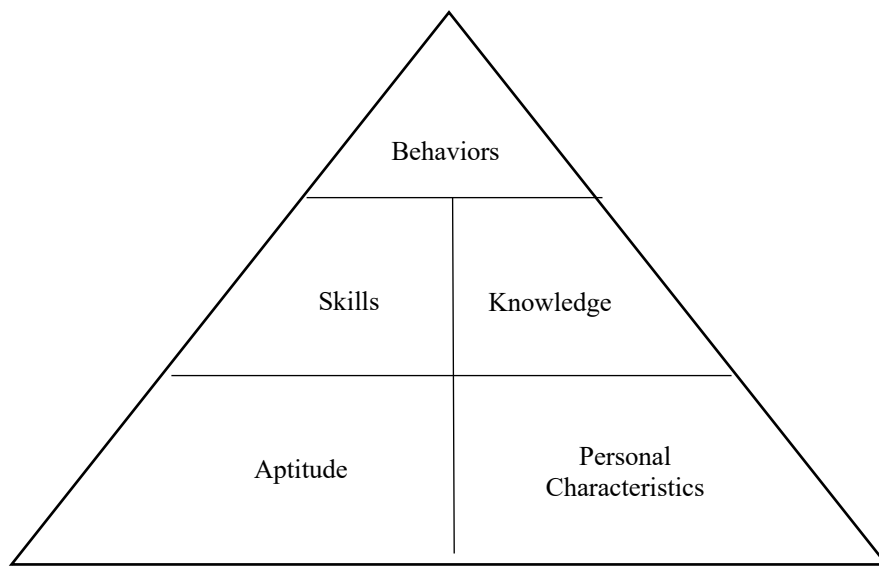


Figure 5: Competency based model

A personal characteristic can be an aptitude, innate talent or inclination that suggests a potential to acquire or use a particular kind of skill (Lucia & Lepsinger, 1999). Lucia and Lepsinger (1999) further describe personal characteristics as a personality trait that further defines a particular way of interacting with the external environment. It includes self-confidence, self-sufficiency or emotional stability and may indicate a specific disposition when dealing with certain kinds of roles or performing in certain settings. For instance, managers spend a great deal of time managing people (Belker et al., 2018). If a manager lacks self-confidence the role of managing people can be difficult because they often serve as role models to their subordinates.

For competency models to be effective they need to extend beyond simply describing the competency, but rather provide concrete examples of when a particular competency is being demonstrated (Lucia & Lepsinger, 1999). Competency models focus on concrete behaviors that can be taught through training, coaching or other developmental approaches.

Developing an understanding of KSAs of rehabilitation managers can serve as an important element to the recruitment, selection and training process (Mumford, Zaccaro, Harding, Jacobs, & Fleishman, 2000). Developing an understanding of personal characteristics and behaviors of successful rehabilitation managers would also lead to a deeper understanding of this role. It is also important to understand the difference in the role of rehabilitation counselor and rehabilitation manager as public VR agencies develop training and support programs for future and new rehabilitation managers.

In a 2005 research report titled, *Typology of knowledge, skills and competences: clarification of the concept and prototype*, the concepts of Knowledge, Skills and Abilities are explained in depth (Winterton et al., 2006). In the Winterton et al. (2006) research, knowledge is described as an interaction between intelligence, or capacity to learn, situation, or opportunity to learn. Knowledge is further broken up into declarative knowledge and procedural knowledge, or knowing what and how, respectively. This research states that declarative knowledge must precede procedural knowledge (Winterton et al., 2006). The exploration of the knowledge domain as it relates to rehabilitation managers will need to include the thoughts regarding what information managers need to be effective in this role, and how this knowledge is transferred into being an effective rehabilitation manager.

In the Winterton, et al. (2006) piece the concept of skill is defined and deliberated. The researchers presented various definitions of skill, one which states that skill is a combination of

factors that result in competent, expert and accurate performance which is equally applicable to manual and mental activities (Winterton et al., 2006). Another definition of skill is that it is a goal-directed, well-organized behavior that is acquired through practice and performed with an economy of effort. The relevance of the later definition is that it factors in the process of skill development by recognizing that it occurs over time (Delamare-Le Deist & Winterton, 2007). The definition acknowledges the goal-directedness of skill development as a response to an external environmental demand. Further, the skill is acquired when elements of behaviors are structured into coherent patterns and notes that cognitive demands are reduced as skill develops (Winterton et al., 2006). Once the skills desired for an effective rehabilitation manager are identified, supervisors can develop support systems to enhance skill development to a level of proficiency. In addition, based on the Delamare-Le Deist & Winterton (2007) research, it is clear that as skills are acquired, cognitive stress is reduced, paving the way for new skills to be learned, which supports the notion of continuous performance improvement (Delamare-Le Deist & Winterton, 2007).

The 'A' in the KSA acronym was describe in the literature as either 'attitude', 'ability' or 'aptitude.' In some literature the 'A' was replaced with 'C' for 'competence' (Winterton et al., 2006). In the United Kingdom the National Health Service uses the term KSF, with the 'F' meaning 'framework' (Winterton et al., 2006). For the purpose this framework the 'A' means ability. In defining the term ability, researchers note that it is a 'fuzzy concept,' yet is an important concept in bridging the gap between education and job requirements (Delamare-Le Deist & Winterton, 2007). In a Finish study, Ilmarinen et al. (2005) used a conceptual definition that sought the answers to the following questions: how good is the worker at present, in the near future, and how able is he or she to do his or her work with respect to the work demands, health

and mental resources? The United States Office of Personnel Management (OPM) defines ability as the competence to perform an observable behavior or a behavior that results in an observable product (OPM.gov). In the Delamare-Le Deist and Winterton (2007) research the term ability is defined as a characteristic(s) of an individual that drives superior job performance (Delamare-Le Deist & Winterton, 2007).

Benefits of Competency Models

The concept of competency-based approaches to hiring, recruiting and training are widely used in field of human resources management in the private sector, and has clear applicability to defining the role of a competent federal-state VR agency manager (Rodriguez et al., 2002; Winterton et al., 2006). Competency models have been increasingly used since the early 1970’s when Harvard professor David C. McClelland, argued that academic-type intelligence testing failed to account for successful performance, especially for high level senior leadership positions (McClelland, 1973). Since then they have become vital to human resource management (HRM) systems (Lucia & Lepsinger, 1999). The benefits have been noted with employee selection, training and development, performance appraisal and succession planning. Lucia & Lepsinger (1999) articulate these benefits of competency models in Table 7.

Table 7: Benefits of competency models

HRM System	Benefits
Selection	<ul style="list-style-type: none"> • Provides a complete picture of the job requirements • Increases the likelihood of hiring people who will succeed in the job • Minimizes the investment (both time and money) in people who may not meet the company’s expectations • Ensures a more systematic interview process • Helps distinguish between competencies that are trainable and those that are more difficult to develop

Table 7 (cont'd):

<p>Training and Development</p>	<ul style="list-style-type: none"> • Enables people to focus on the skills, knowledge and characteristics that have the most impact on effectiveness • Ensures that training and development opportunities are aligned with organizational values and strategies • Makes the most effective use of training and development time and dollars • Provides a framework for ongoing coaching and feedback.
<p>Performance Appraisal</p>	<ul style="list-style-type: none"> • Provides a shared understanding of what will be monitored and measured • Focuses and facilitates the performance appraisal discussion • Provides focus for gaining information about a person's behavior on the job
<p>Succession Planning</p>	<ul style="list-style-type: none"> • Clarifies the skills, knowledge and characteristics required for the job or role in question • Provides a method to assess a candidate's readiness for the role • Focuses training and development plans to address missing competencies • Allows an organization to measure its 'bench strength' (number of high-potential performers)

Private sector corporations have implemented competency-based models as a cost saving measure, and for enhanced productivity (Lucia & Lepsinger, 1999). Lucia and Lepsinger (1999) indicate that governmental organizations have implemented competency-based models based on the need to enhance productivity. However, it is noted that all types of entities realize a loss when the organization selects the wrong person for the position.

Prior to selecting an individual for a position a competency-based model provides a complete picture of the position being filled prior to filling the position (Lucia & Lepsinger, 1999; McClelland, 1973). This presents interviewers with a more systemic decision-making process when choosing the best candidate for the position. This will minimize the organizations investment of human and financial resources by not investing in people who may not fit the

organization's needs and increases the likelihood the right person is chosen for the job. A competency-based model also allows human resource professionals the opportunity to distinguish between competencies that may be learned on the job, and those that are more difficult to train on the job (Lucia & Lepsinger, 1999).

Training and development resources can be used more effectively when competency-based models are utilized (Lucia & Lepsinger, 1999). By using competency-based models human resource managers have the opportunity to focus their employee development on the skills, knowledge and characteristics that have the most impact on effectiveness. In addition, training and development opportunities can be aligned with organizational values and strategies. Whether it be for new managers or for people in line for management positions, competency-based models provide a framework for ongoing coaching and feedback.

Performance appraisals are easier to conduct when a competency-based model is utilized because it provides a shared understanding of what will be monitored and measured (Lucia & Lepsinger, 1999). A performance appraisal can be more focused on the competencies identified for the position and allows for a more constructive discussion about performance. Lucia and Lepsinger (1999) states it also provides focus for gaining information about a person's behavior on the job.

Based on the statistics presented in Sabella (2018), succession planning likely ranks as a current challenge in the federal-state VR system. A competency-based approach will provide a method to help determine if a potential candidate (e.g., rehabilitation counselor) is ready for a management role. According to Lucia and Lepsinger (1999), the benefit of a competency-based approach is that it clarifies the skills, knowledge and abilities required for the role in question. In addition it allows an organization to measure its 'bench strength' (number of high-potential

performers) and allows for human resource managers the opportunity to focus training and development plans to address missing competencies (Lucia & Lepsinger, 1999).

Theoretical Framework for Competency-Based Model

The appeal of competency models largely stems from the focus on deriving high-performance behaviors from organizational strategies and goals, often using the organization’s own language to generate buy-in and enhance ease-of-use (Campion et al., 2011). Unfortunately, the use of competency models is often hindered due to conceptual ambiguity, a lack of methodological rigor in the development of such systems, and psychometric issues (Stevens, 2013). McClelland (1973) presents an approach that would be favorable to good competency assessment. This four step approach is as follows: (a) It should start with exploration of particularly operant measures of thought and action associated with the criterion (b) it should assess clusters of criteria of success in clusters of important life outcomes (e.g., occupations, health, family and social life, education); (c) the competencies assessed should be defined and described in ways that reflect important life changes or learning; and (d) how to improve on the competencies should be studied, and made explicit and public.

The empirical framework for conducting a competency-based analysis is outlined in Table 8. This framework supports the direction of this study which will use a Delphi model to determine competencies of rehabilitation managers because it relies upon subject-matter experts.

Table 8: Competency-based analysis

Step	Approach
1.	Identify performance criteria for individuals and/or work units
2.	Identify individuals and work units that meet, exceed and fall below the performance criteria
3.	Administer a survey and/or conduct focus group to include a wider population and test the degree of relevance and importance of given competencies to do the job

Table 8 (cont'd)

4.	Analyze the survey of focus group and refine the model
5.	Validate the model
6.	Finalize the competency model

Delphi Method

The Delphi method was developed in the 1960's. The method is an iterative process used to collect and distill the anonymous judgements of subject-matter experts by using a series of data collection and analysis (Skulmoski et al., 2007). Skulmoski (2007) describes the Delphi method as a well-suited research instrument when knowledge about the issue in question is incomplete or lacking. It has been valued for its potential to avoid some of the problems associated with group dynamics (Crisp et al., 1997). The Delphi method may be characterized as a method for structuring a group communication process so that the process is effective in allowing a group of individuals, as a whole, to deal with a complex problem (Dalkey & Helmer, 1962). According to Dalkey & Helmer (1962) the Delphi method is more conducive to independent thought.

Summary

The profession of rehabilitation counseling dates back to the 1920's and has experienced numerous changes as a result of legislation. The most recent piece of legislation that governs the state-federal VR system is WIOA. The success indicators of the VR program warrant a further dive into management of the state-federal VR program. However, there is very little research to indicate the competencies necessary for a successful rehabilitation manager.

The minimal research that does exist indicates that the competencies of a rehabilitation counselor are different than that of a rehabilitation manager. In general, managers focus more on people and systems, not specific tasks. Rehabilitation counselors in the state-federal VR system

have the main responsibility of helping people obtain, maintain and retain employment, whereas the managers role is to ensure counselor have the resources necessary to meet the expectations of the counselor role. Organizations that have competent managers tend to be more successful; therefore, a study of the competencies of a rehabilitation manager is warranted in this new climate since the passage of WIOA. The importance of this study is to ensure state-federal VR agencies have the tools to engage in succession planning, recruiting, selecting and training the most qualified rehabilitation managers.

The framework being applied is a competency model versus a task analysis. Competency models take into account knowledge, skills, abilities to help identify the attributes necessary for a position. It goes beyond the standard task analysis because it takes contextual factors of the organizational setting into account and allows for alignment with the strategic goals of an organization.

Conducting this study using the Delphi method will invite the input of state-federal VR agency directors, or their delegates. Directors input will be sought using this consensus model to formulate the competencies of a rehabilitation manager. This model is effective when little existing research exists and will provide relevant information that can be leveraged for organizational planning, job postings, job descriptions, interviews and selection of rehabilitation managers.

CHAPTER 3

METHODS

The purpose of this study was to develop a deeper understanding of the competencies of a rehabilitation manager in the state-federal VR system. Competencies are comprised of knowledge, skills, abilities, behaviors and other personal characteristics (Lucia & Lepsinger, 1999). To develop an understanding of the competencies federal-state VR agency directors were sought to engage in a Delphi study, where consensus of the competencies was narrowed down through a series of surveys. The state directors received the initial Delphi survey through the trade association the Council on State Administrators of Vocational Rehabilitation (CSAVR). CSAVR formally supported this study. Using the Delphi study, the competencies of a rehabilitation manager emerged through this consensus method (Dalkey & Helmer, 1962).

The data collected is useful to the field of rehabilitation, specifically in the federal-state VR agencies, to help identify potential managers earlier, engage in succession planning, develop manager development programs, hire competent managers, and subsequently evaluate manager performance against empirically based competencies. Hiring and supporting managers based on an empirical competency-based model will benefit the new manager in their newly acquired role that is presumably different than the role of a rehabilitation counselor. Using the competency-based approach improves the selection of people who have the fortitude for the position of manager. Since managers play a critical role in the outcomes of an organization it is important to select competent individuals to serve in that role to improve the likelihood of achieving the WIOA indicators for the state-federal VR program.

Research Design

This research was done utilizing the quantitative method of a Delphi study, where experts were sought in a methodical manner. The Delphi method is a considered a flexible research technique that allows for the exploration of new concepts and bodies of knowledge (Skulmoski, Hartman, & Krahn, 2007). Skulmoski et al. (2007) indicates that a Delphi method is an iterative process of collecting and distilling anonymous judgements of experts using a series of data collection and analysis techniques interspersed with feedback. It is compatible for research when there is minimal knowledge about a topic, and works especially well when the goal is to improve the understanding of problems, opportunities, solutions and to develop forecasts (Dalkey & Helmer, 1962; J. Skulmoski et al., 2007).

The experts chosen were state agency directors, or their delegates, of the 80 federal-state VR programs. Initially the sample group was going to be state agency directors of high performing VR agencies based on the Rehabilitation Services Administration performance indicators. However, the initial approach did not yield enough results. Therefore, it was determined that the study needed to be expanded to the 80 federal-state VR program state agency directors or their delegates.

Procedures

This study used the quantitative method of a Delphi study. A Delphi study is a form of action research, which is sometimes referred to as practitioner-based research. Delphi studies are widely used and accepted for gathering data from subject matter experts within a field (Vázquez-Ramos et al., 2007). The benefit of this is that it is fairly easy to implement as this consensus model is conducted in a written format, and does not require participants to meet together, in person (Cohen et al., 2011). According to Cohen et al. (2011) a Delphi study is conducted in

three stages (Table 9). It consists of a series of questionnaires about an important question or problem (Vázquez-Ramos et al., 2007). During the first phase the researcher will ask participants to respond to a series of questions in writing in an effort to gain initial consensus on the competencies of a rehabilitation manager. In addition, they are invited to reword competencies and add items they feel are missing. The researcher identifies the mean and standard deviation of the responses from the subject-matter experts. The survey is then re-written and re-ordered based on the responses to the first survey. In the second stage, the revised survey is sent to the same subject-matter experts. Once the second survey is done the researcher once again analyzes the descriptive statistics, looking for a reduction in variance. The researcher once again re-orders the survey and resends a third time, which will likely yield a lowered variance. The number of surveys issued was dependent upon the variance. A change in variance that was below .02 was considered statistically significant. Therefore, in the case of this study, the third survey presented data that was below a .02 variance on most competency domains.

Table 9: Research phases

Stage	Action
Stage One	Researcher asks participants to respond to a series of questions and statements in writing. Participants are invited to add relevant information to their responses
Stage Two	Researcher collects response, collates them into clusters of issues and responses. Once completed the researcher sends a revised version back to participants.
Stage Three	The process is completed as many times as necessary, however, the researcher makes the final decision on a stopping point.

The advantage of the Delphi study is that it brings clarity, privacy, voice and collegiality (Cohen et al., 2011) It has been described as a method for structuring a group communication process so that the process is effective in allowing a group of individuals, as a whole, to deal with a complex problem (Habibi et al., n.d.) According to Habibi et al. (n.d.) the experts and

people who are used in the survey process do not know each other. Anonymity ensures overcoming the obstacles of groupthink.

The experts utilized in this study will be federal-state VR state agency directors from the 80 VR agencies. Prior to conducting the Delphi study an application was approved by the Institutional Review Board (IRB) at Michigan State University. Once IRB approval was obtained the researcher contacted the Council on State Vocational Rehabilitation Administrators (CSAVR) to seek endorsement for the study. Once endorsement was obtained, CSAVR sent out the first round of survey questions, along with an explanation of the purpose, method and design of the study. The goal will be to seek at least 10-15 experts to participate in the study. Habibi et al. (n.d.) noted there is no empirical evidenced on the number who should participate in a Delphi study; however, they noted in their research that 6-12 people is sufficient in forming a consensus as long as the participants are knowledgeable about the topic.

The process of the research is depicted Table 10:

Table 10: Process model for research

Steps	Phases	Activities
Step One	Approval	Obtain IRB approval
Step Two	Endorsement	Seek CSAVR endorsement of research
Step Three	Exploration	a. Send Delphi One survey to 80 VR agency directors (includes opportunity to add additional items)
		b. Collect survey results
		c. Analyze and re-order data
		d. Construct Delphi Two survey (includes new items identified by subject-matter experts and mean score from Delphi One survey)
Step Four	Evaluation	a. Send Delphi Two survey to subject-matter experts

Table 10 (cont'd):

		b. Collect survey results
		c. Analyze and re-order data
		d. Construct Delphi Three survey (includes mean score and standard deviation from Delphi Two survey) and only items that scored a mean greater than 3.0
Step Five		a. Send Delphi Three survey to subject matter experts
		b. Collect survey results
		c. Analyze data and remove items that score a mean of 3.0 and below
		d. Compare variance from Delphi Two survey and Delphi Three survey to determine if subsequent survey is needed. (a variance less than .02 is sufficient indicate if the survey rounds can end)
Step 6	Final Consensus	a. Identify items that reached consensus (items scored a mean of 5.0 and a standard deviation of 0)
		b. Eliminate items that score below a 3.0 from final list of competencies
		c. Explain results

Instrumentation

The Delphi technique is a research approach to gain consensus using a series of questionnaires and the provision of feedback to participants who have expertise in key areas (Cohen et al., 2011; Vázquez-Ramos et al., 2007). A questionnaire was developed using data from previous studies (Grivetti, 2019) and empirical data found in relevant literature. The intent is for at least 10-15 VR directors to participate in the study. The study will use a 5-point Likert scale. An example of the instrument is in Figure 6.

Competency	Likert Score
Knowledge of WIOA	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Personnel Management	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Organizational Leadership	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Scale 1= Not at all important 2= Not so important 3= Somewhat Important, 4= Very Important 5= Extremely Important	

Figure 6: Sample survey instrument

Each participant received the round one questionnaire, which is comprised of competencies identified through research. They received the questionnaire through Survey Monkey®, an online survey software. In addition to the list of competencies they ranked, participants have an opportunity to rephrase competencies and add to the list of competencies. Once the results are completed, a statistical summary was prepared after the first round and was used to inform the second round (Leahy et al., 2018). Leahy (2018) indicates for each item in the questionnaire, the statistical analysis will include a mean and standard deviation of participants responses. In a Delphi study the group achieves consensus by analyzing the convergence of variation or standard deviation (Leahy et al., 2018).

Selection Criteria

Subject-matter experts, through the survey instrument, will identify what competencies are important for a rehabilitation manager. Competencies that achieve a mean score of 2.0 (not so important) or below will be removed from the final list of competencies necessary for a rehabilitation manager. Only competencies that rank a 3.0 (somewhat important) or higher will be considered as necessary competencies for a rehabilitation manager.

Participants

Participants were VR directors, or their delegates, from the 80 federal-state VR agencies. To help ensure an adequate number of participants were selected the researcher reached out to CSAVR to seek endorsement of study. CSAVR sent the initial email to all 80 VR state directors.

When a VR agency director or their delegate responded to the initial survey, they were given the opportunity to provide their name and contact information. The respondents were informed that by providing their contact information, they were consenting to serving as a subject matter expert and willing to participate in subsequent surveys. Habibi et al. (n.d.) notes that Delphi study subjects should be highly trained and competent within the specialized area of knowledge related to the target issue. State VR agency directors meet the criteria as highly trained and competent within the field of rehabilitation management.

CHAPTER 4

RESEARCH FINDINGS

Research Question

This study sought to answer the question: *What are the competencies of a rehabilitation manager in the federal-state vocational rehabilitation system?* The results presented below seek to answer the research question. A Delphi method was used to seek consensus amongst subject matter experts that currently serve in the role of a rehabilitation manager, or similar role. Using the Delphi method, a series of three surveys were presented to subject-matter experts. The series of surveys sought to lower the variance of each competency domain.

Participant Demographics

The survey was sent to eighty (80) VR agency directors with seventeen (17) VR agency directors, or their delegates, participating in the first round of surveys. Eleven (11) participated in the second round of survey's and ten (10) participated in the third round of surveys. During the first round of surveys position titles were sought. Of the 17 respondents 60% were Directors of Vocational Rehabilitation, 30% were Rehabilitation Administrators, 5% were Assistant Directors and 5% identified as the Director of Operations (Figure 8). In addition to job title, participants were asked the number of years they were in their position. Of the 17 respondents 53% indicated they had been on the job less than five years, 35% have been their 6-9 years and 12% have been in their position for 10 or more years (Figure 9). During the second round of survey's additional demographic data was collected. Of the eleven (11) respondents 64% identified as male and 36% identified as female (Figure 10). The second round of survey's inquired about highest level of education achieved. The majority reported achieving a master's degree (64%), with 18% achieving a bachelor's degree, 9% held a PhD and 9% reported no degree attained (Figure 11).

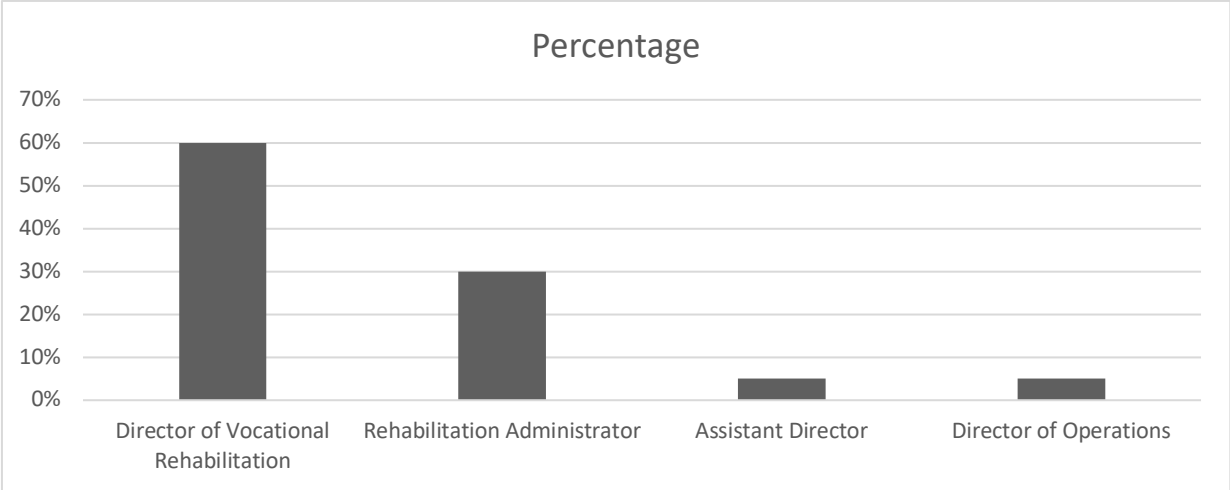


Figure 7: Position titles

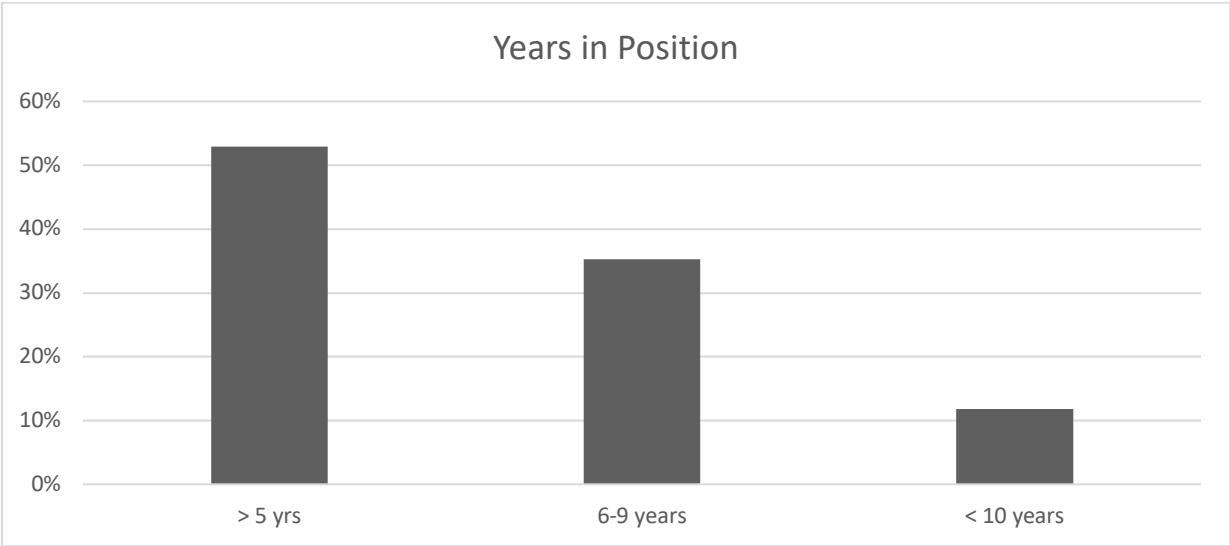


Figure 8: Years in position

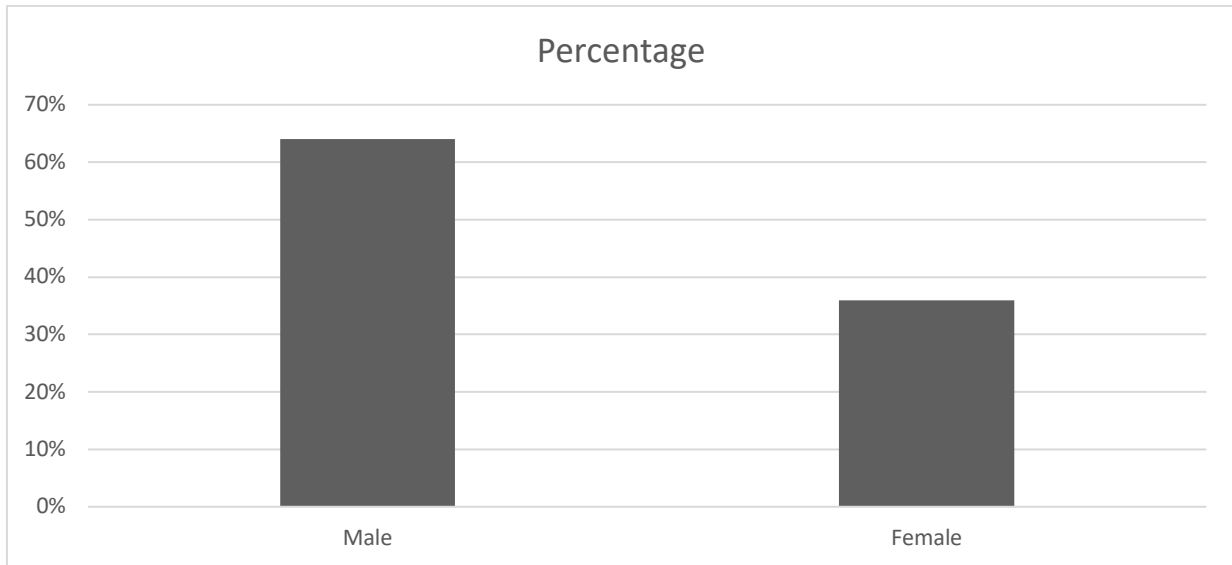


Figure 9: Gender

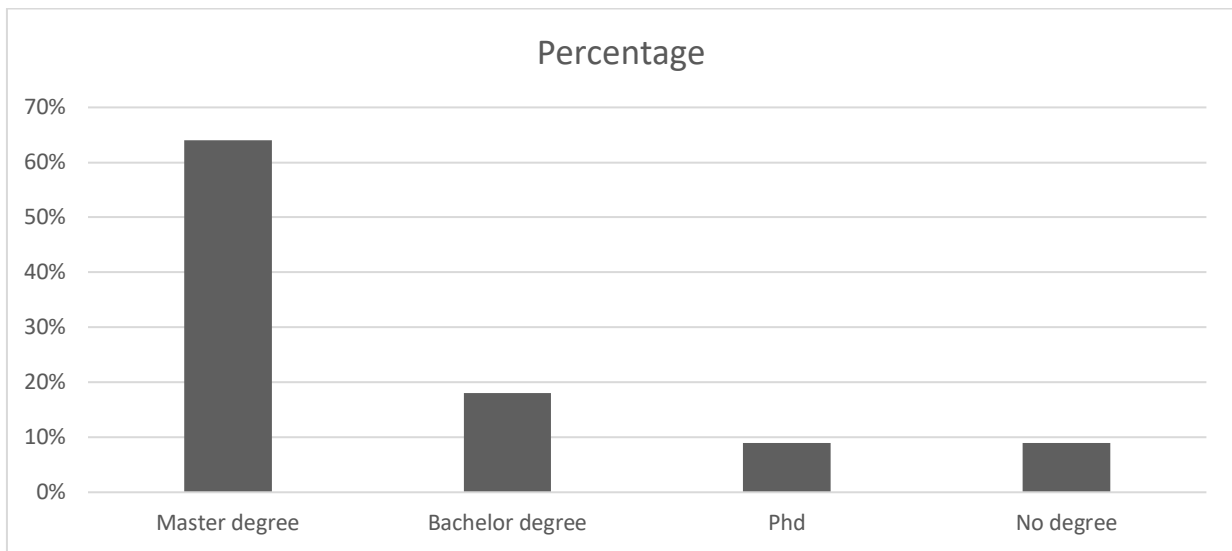


Figure 10: Education

Survey Results

The survey was designed to determine the competencies necessary for a rehabilitation manager. The survey instrument used a Likert scale from 1 to 5. A one (1) meant the competency domain was not at all important; a five (5) meant the competency domain was extremely important. The first round of surveys was sent to eighty (80) vocational rehabilitation agency

directors. The surveys were sent from CSAVR via email with an explanation of the purpose of the survey (Appendix C) and included CSAVRs endorsement of the study (Appendix B). In addition to the survey question, respondents were also asked to add competencies they felt were missing from the survey. Of the 80 VR directors who received the survey, seventeen (17) subject matter experts responded. When responding to the survey respondents were informed that they were going to receive subsequent surveys. They provided an email address to indicate their interest in being a subject-matter expert and receiving the subsequent surveys. One respondent did not provide their email address; therefore, their data was eliminated from the results. The results of the Delphi first round of surveys are depicted in Table 10.

Table 11: Delphi first round survey results

Domain	Mean (n=17)	Std. Deviation
Ability to work in high pressure situations	4.76	0.44
Effective communication skills	4.76	0.44
Organizational management skills	4.71	0.47
Ability to lead staff	4.71	0.47
Ability to think strategically	4.71	0.59
Possess Emotional Intelligence	4.69	0.48
Ability to manage in complex and ambiguous situations	4.65	0.61
Ability to be flexible and adaptable	4.65	0.49
Ability to manage partnerships and relationships	4.59	0.51
Ability to be creative and innovative	4.59	0.51

Table 11 (cont'd):

Ability to be compassionate and empathetic	4.59	0.62
Ability to engage in strategic partnerships	4.59	0.51
Ability to work independently and take initiative with minimal direction	4.53	0.51
Possess the skills of a confident leader	4.53	0.51
Ability to manage conflict	4.47	0.72
Ability to manage time and prioritize work	4.47	0.62
Ability to think analytically and critically	4.47	0.51
Personnel management skills	4.41	0.62
Ability to implement organization initiatives	4.41	0.62
Knowledge about relevant legislation (i.e., WIOA, IDEA, ADA)	4.41	0.71
Ability to remain client-centric	4.35	0.79
Ability to implement policy	4.29	0.69
Ability to focus on outcomes	4.29	0.47
Ability to engage in self-assessment	4.29	0.59
Ability to maintain focus	4.29	0.69
Possess logical decision-making skills	4.29	0.69
Knowledge about vocational rehabilitation system and processes	4.24	0.75
Ability to multi-task	4.24	0.97
Ability to be resourceful	4.24	0.75
Ability to be discerning	4.18	0.64

Table 11 (cont'd):

Ability to negotiate	4.12	0.86
Ability to set and manage performance goals and objectives	4.12	0.70
Ability to interpret regulations and policy and apply to practice	4.06	0.66
Possess basic computer skills	4.06	0.75
Ability to be persuasive	4.06	0.75
Possess facilitation skills	4.00	0.79
Possess a curious approach to work	4.00	0.71
Ability to achieve federal performance standards	4.00	0.79
Knowledge about government systems the VR system operates within	4.00	0.71
Knowledge about the political environment	3.94	0.75
Fiscal management skills	3.94	0.66
Ability to resolve customer complaints	3.94	0.83
Ability to apply data and research to management of VR process	3.94	0.75
Ability to manage quality case work	3.65	0.93
Knowledge about technical assistance resources	3.59	0.80
Knowledge about labor practices	3.47	0.62
Ability to develop and manage agreements and contracts	3.35	0.79

The first round of the survey confirmed that all identified competencies in the survey are either somewhat important, very important or extremely important. The first round of the survey

identified the ability to work in high pressure situations ($M = 4.76$; $SD = .44$), effective communication skills ($M = 4.76$; $SD = .44$), organizational management skills ($M = 4.71$; $SD = .47$), ability to lead staff ($M = 4.71$; $SD = .47$), ability to think strategically ($M = 4.71$; $SD = .59$), possess emotional intelligence ($M = 4.69$; $SD = .48$), ability to manage complex and ambiguous situations ($M = 4.64$; $SD = .61$), ability to be flexible and adaptable ($M = 4.65$; $SD = .49$), ability to manage partnerships and relationships ($M = 4.59$; $SD = .51$) and ability to be creative and innovative ($M = 4.59$; $SD = .51$) as some of the top competency domains identified for a rehabilitation manager.

Respondents provided additional competencies that should be considered in subsequent surveys. The additions included 1) knowledge about programs and services, 2) knowledge about clinical roles of counselors, 3) knowledge about rehabilitation technology, 4) ability to set a vision for staff, 5) ability to build trust and 6) knowledge of core vocational rehabilitation values. These additions were added to the second survey that was sent to the seventeen (17) subject matter experts. The revised survey resulted in eleven (11) responses. Two reminders were sent to the seventeen (17) in hopes that there would be a 100% response rate.

The second survey was redesigned to include the mean of each responses. For example, subject matter experts received a question that stated: *When assessing Organizational Management Skills, you selected Extremely Important (4); the mean score amongst all respondents was 4.71. Based on the mean score would you raise or lower your score?* If the subject matter expert answered 'No' they would move on to the next question, if they answer 'Yes', they were given an opportunity to re-rank their score using the same Likert scale used in the first survey. In addition, they were asked to rank the six (6) newly added competency domains. The goal of the second survey was to reduce the variance of each competency domain to less than .02 variance of standard deviations to help

achieve a consensus amongst subject matter experts. The results of the second survey are depicted in Table 12. The results are compared to the first round of the Delphi study.

Table 12: Delphi second-round survey results with first round comparison

Domain	Round Two		Round One		Change in SD Round One-Round Two
	M (n=11)	SD	M (n=17)	SD	
Ability to work in high pressure situations	5.00	0.00	4.76	0.44	-0.44
Ability to be creative and innovative	4.91	0.30	4.59	0.51	-0.21
Ability to manage in complex and ambiguous situations	4.82	0.40	4.65	0.61	-0.20
Ability to engage in strategic partnerships	4.82	0.40	4.59	0.51	-0.10
Ability to think strategically	4.82	0.40	4.71	0.59	-0.18
Possess Emotional Intelligence	4.82	0.40	4.69	0.48	-0.07
Effective communication skills	4.82	0.40	4.76	0.44	-0.03
Ability to lead staff	4.82	0.40	4.71	0.47	-0.07
Ability to set a vision for staff	4.82	0.40	NA	N/A	N/A
Ability to build trust	4.82	0.40	N/A	N/A	N/A
Knowledge about relevant legislation (i.e., WIOA, IDEA, ADA)	4.73	0.47	4.41	0.71	-0.25
Ability to be flexible and adaptable	4.73	0.47	4.65	0.49	-0.03
Knowledge of core VR values	4.64	0.50	N/A	N/A	N/A

Table 12 (cont'd):

Organizational management skills	4.64	0.50	4.71	0.47	0.03
Ability to work independently and take initiative with minimal direction	4.64	0.50	4.53	0.51	-0.01
Ability to be compassionate and empathetic	4.64	0.67	4.59	0.62	0.06
Possess the skills of a confident leader	4.55	0.52	4.53	0.51	0.01
Ability to implement policy	4.55	0.52	4.29	0.69	-0.16
Ability to manage partnerships and relationships	4.55	0.52	4.59	0.51	0.01
Ability to think analytically and critically	4.55	0.52	4.47	0.51	0.01
Personnel management skills	4.45	0.69	4.41	0.62	0.07
Ability to manage conflict	4.45	0.52	4.47	0.72	-0.20
Ability to manage time and prioritize work	4.45	0.69	4.47	0.62	0.06
Ability to remain client-centric	4.45	0.82	4.35	0.79	0.03
Ability to be discerning	4.36	0.50	4.18	0.64	-0.13
Knowledge about vocational rehabilitation system and processes	4.36	0.67	4.24	0.75	-0.08
Ability to negotiate	4.36	0.50	4.12	0.86	-0.35
Possess logical decision-making skills	4.36	0.50	4.29	0.69	-0.18
Ability to implement organization initiatives	4.36	0.50	4.41	0.62	-0.11
Possess a curious approach to work	4.27	0.47	4.00	0.71	-0.24
Ability to be resourceful	4.27	0.79	4.24	0.75	0.03
Ability to focus on outcomes	4.27	0.47	4.29	0.47	0.00

Table 12 (cont'd):

Ability to interpret regulations and policy and apply to practice	4.27	0.65	4.06	0.66	-0.01
Ability to engage in self-assessment	4.27	0.47	4.29	0.59	-0.12
Ability to maintain focus	4.27	0.65	4.29	0.69	-0.04
Knowledge about programs and services	4.27	0.79	N/A	N/A	N/A
Ability to multi-task	4.18	0.98	4.24	0.97	0.01
Knowledge about government systems the VR system operates within	4.09	0.54	4.00	0.71	-0.17
Fiscal management skills	4.09	0.70	3.94	0.66	0.04
Possess basic computer skills	4.09	0.70	4.06	0.75	-0.05
Ability to be persuasive	4.09	0.70	4.06	0.75	-0.05
Ability to set and manage performance goals and objectives	4.09	0.70	4.12	0.70	0.00
Ability to resolve customer complaints	4.09	0.83	3.94	0.83	0.00
Ability to apply data and research to management of VR process	4.00	0.63	3.94	0.75	-0.12
Knowledge about the political environment	4.00	0.63	3.94	0.75	-0.12
Possess facilitation skills	4.00	0.77	4.00	0.79	-0.02
Ability to achieve federal performance standards	4.00	0.77	4.00	0.79	-0.02
Ability to manage quality case work	3.91	1.04	3.65	0.93	0.11
Knowledge about labor practices	3.55	0.69	3.47	0.62	0.06
Knowledge about technical assistance resources	3.55	0.52	3.59	0.80	-0.27
Knowledge about rehabilitation technology	3.55	0.93	N/A	N/A	N/A

Table 12 (cont'd):

Ability to develop and manage agreements and contracts	3.45	0.69	3.35	0.79	-0.10
Knowledge about clinical roles of counselors	3.45	1.21	N/A	N/A	N/A

The results from the second survey continued to confirm that all competencies rank as somewhat important or higher, in addition the variance is getting smaller for each competency. The second survey yielded slightly different results than the first survey. There is a consensus that ability to work in high pressure situations is an important competency to possess. This yielded a mean score of five (5) and a standard deviation of zero (0), meaning that all subject matter experts agree that this competency is extremely important. Second to that was ability to be creative and innovative ($M= 4.91$; $SD = .30$). The first survey yielded a mean of 4.59 with a standard deviation of .51 for ability to be creative and innovative. This indicates more respondents rank this as closer to an extremely important competency. The ability to manage complex and ambiguous situations yielded a mean of 4.65, with a standard deviation of .61 in the first survey. The second survey placed the mean for ability to manage complex and ambiguous situations at 4.82, with a standard deviation of .40. The second survey identified ability to engage in strategic partnerships with a mean of 4.82 with a standard deviation of .40. The first survey yielded a mean of 4.59, with a standard deviation of .51, again indicating that this competency is closer to extremely important. The ability to think strategically made the top competencies in both surveys, however in the first survey it yielded a mean of 4.71 with a standard deviation of .59. The second survey yielded a mean of 4.82 with a standard deviation of .40. The possession of emotional intelligence yielded a mean of 4.82 and a standard deviation of .40 in the second survey, and a mean of 4.69 with a standard deviation of .48 in the first survey. Effective

communication skills had a mean of 4.82, with a standard deviation of .40 in the second survey. This is compared to the mean of 4.76, and standard deviation of .44 in the first survey. Ability to lead staff had a mean of 4.82, with a standard deviation of .40 in the second survey, and a mean of 4.71, with a standard deviation of .47 in the first survey. There were two competencies that were added after the first survey that both yielded a mean of 4.82, and a standard deviation of .40. These were ability to set a vision and ability to build trust. The results of the second survey indicate the subject matter experts are getting closer to a consensus on several competency domains.

It was determined that a third survey was needed to seek a lower variance between responses. The goal is to get as many domains below to a variance of standard deviations below .02. This is a common practice when doing a Delphi study. The third survey consisted of questions such as: *When assessing Organizational Management Skills, you selected Extremely Important (5), the mean score amongst all respondents was 4.63 with a standard deviation (SD) of .50. Based on the mean score would you change your score?* Again, if they answered ‘No’ they would go on to the next question. If they answered ‘Yes’, they were given the opportunity to re-rank their score. The results of the third survey are depicted in Table 13.

Table 13: Delphi third-round survey results compared to the first and second round results

Domain	Round Three		Round Two		Round One		Change in SD Round One-Round Two	Change in SD Round Two-Round Three
	M (n=10)	SD	M (n=11)	SD	M (n=17)	SD		
Effective communication skills	5.00	0.00	4.82	0.40	4.76	0.44	-0.03	-0.40
Ability to lead staff	5.00	0.00	4.82	0.40	4.71	0.47	-0.07	-0.40

Table 13 (cont'd):

Ability to work in high pressure situations	5.00	0.00	5.00	0.00	4.76	0.44	-0.44	0.00
Ability to engage in strategic partnerships	4.90	0.32	4.82	0.40	4.59	0.51	-0.10	-0.09
Ability to manage in complex and ambiguous situations	4.90	0.32	4.82	0.40	4.65	0.61	-0.20	-0.09
Ability to think strategically	4.90	0.32	4.82	0.40	4.71	0.59	-0.18	-0.09
Ability to be flexible and adaptable	4.90	0.32	4.73	0.47	4.65	0.49	-0.03	-0.15
Ability to be creative and innovative	4.90	0.32	4.91	0.30	4.59	0.51	-0.21	0.01
Possess Emotional Intelligence	4.90	0.32	4.82	0.40	4.69	0.48	N/A	-0.09
Ability to build trust	4.90	0.32	4.82	0.40	N/A	N/A	N/A	-0.09
Knowledge about relevant legislation (i.e., WIOA, IDEA, ADA)	4.80	0.42	4.73	0.47	4.41	0.71	-0.25	-0.05
Ability to work independently and take initiative with minimal direction	4.80	0.42	4.64	0.50	4.53	0.51	-0.01	-0.08
Ability to set a vision for staff	4.80	0.42	4.82	0.40	NA	N/A	N/A	0.02
Organizational management skills	4.70	0.48	4.64	0.50	4.71	0.47	0.03	-0.02
Ability to think analytically and critically	4.70	0.48	4.55	0.52	4.47	0.51	0.01	-0.04
Ability to be compassionate and empathetic	4.70	0.67	4.64	0.67	4.59	0.62	0.06	0.00
Possess the skills of a confident leader	4.70	0.48	4.55	0.52	4.53	0.51	0.01	-0.04
Knowledge of core VR values	4.70	0.48	4.64	0.50	N/A	N/A	N/A	-0.02
Ability to manage partnerships and relationships	4.60	0.52	4.55	0.52	4.59	0.51	0.01	-0.01

Table 13 (cont'd):

Ability to manage time and prioritize work	4.60	0.52	4.45	0.69	4.47	0.62	0.06	-0.17
Personnel management skills	4.60	0.52	4.45	0.69	4.41	0.62	0.07	-0.17
Knowledge about vocational rehabilitation system and processes	4.50	0.71	4.36	0.67	4.24	0.75	-0.08	0.03
Ability to implement policy	4.50	0.53	4.55	0.52	4.29	0.69	-0.16	0.00
Ability to manage conflict	4.50	0.53	4.45	0.52	4.47	0.72	-0.20	0.00
Ability to maintain focus	4.40	0.52	4.27	0.65	4.29	0.69	-0.04	-0.13
Ability to interpret regulations and policy and apply to practice	4.40	0.52	4.27	0.65	4.06	0.66	-0.01	-0.13
Ability to negotiate	4.40	0.52	4.36	0.50	4.12	0.86	-0.35	0.01
Possess logical decision-making skills	4.40	0.52	4.36	0.50	4.29	0.69	-0.18	0.01
Ability to implement organization initiatives	4.40	0.52	4.36	0.50	4.41	0.62	-0.11	0.01
Ability to remain client-centric	4.40	0.84	4.45	0.82	4.35	0.79	0.03	0.02
Ability to be resourceful	4.40	0.70	4.27	0.79	4.24	0.75	0.03	-0.09
Knowledge about programs and services	4.40	0.84	4.27	0.79	N/A	N/A	N/A	0.06
Ability to focus on outcomes	4.30	0.48	4.27	0.47	4.29	0.47	0.00	0.02
Ability to be discerning	4.30	0.48	4.36	0.50	4.18	0.64	-0.13	-0.02
Ability to engage in self-assessment	4.30	0.48	4.27	0.47	4.29	0.59	-0.12	0.02
Ability to multi-task	4.30	0.95	4.18	0.98	4.24	0.97	N/A	-0.03
Ability to achieve federal performance standards	4.30	0.48	4.00	0.77	4.00	0.79	-0.02	-0.29

Table 13 (cont'd):

Possess basic computer skills	4.20	0.63	4.09	0.70	4.06	0.75	-0.05	-0.07
Possess a curious approach to work	4.20	0.42	4.27	0.47	4.00	0.71	-0.24	-0.05
Ability to set and manage performance goals and objectives	4.20	0.63	4.09	0.70	4.12	0.70	0.00	-0.07
Fiscal management skills	4.20	0.63	4.09	0.70	3.94	0.66	0.04	-0.07
Ability to resolve customer complaints	4.20	0.79	4.09	0.83	3.94	0.83	0.00	-0.04
Knowledge about the political environment	4.10	0.57	4.00	0.63	3.94	0.75	-0.12	-0.06
Knowledge about government systems the VR system operates within	4.10	0.32	4.09	0.54	4.00	0.71	-0.17	-0.22
Ability to be persuasive	4.10	0.74	4.09	0.70	4.06	0.75	-0.05	0.04
Ability to apply data and research to management of VR process	4.00	0.67	4.00	0.63	3.94	0.75	-0.12	0.03
Possess facilitation skills	4.00	0.82	4.00	0.77	4.00	0.79	-0.02	0.04
Ability to manage quality case work	4.00	1.05	3.91	1.04	3.65	0.93	0.11	0.01
Knowledge about clinical roles of counselors	3.70	0.95	3.45	1.21	N/A	N/A	N/A	-0.26
Knowledge about technical assistance resources	3.60	0.52	3.55	0.52	3.59	0.80	-0.27	-0.01
Knowledge about labor practices	3.60	0.70	3.55	0.69	3.47	0.62	N/A	0.01
Knowledge about rehabilitation technology	3.50	0.85	3.55	0.93	N/A	N/A	N/A	-0.08
Ability to develop and manage agreements and contracts	3.30	0.48	3.45	0.69	3.35	0.79	N/A	-0.20

The third survey represents an increase in consensus amongst subject matter experts. There are three competencies that achieved 100% consensus. These are effective communication skills (3rd- $M = 5.00$; $SD = 0.00$) (2nd- $M = 4.82$; $SD = .40$) (1st- $M = 4.76$; $SD = .44$), ability to lead staff (3rd- $M = 5.00$; $SD = 0.00$) (2nd- $M = 4.82$; $SD = .40$) (1st- $M = 4.71$; $SD = .47$) and ability to work in high pressure situations (3rd- $M = 5.00$; $SD = 0.00$) (2nd- $M = 5.0$; $SD = 0$) (1st- $M = 4.76$; $SD = .44$). The ability to engage in strategic partnerships yielded a mean of 4.90, with a standard deviation of .32 (2nd- $M = 4.82$; $SD = .40$) (1st- $M = 4.59$; $SD = .51$). The ability to manage in complex and ambiguous situations yielded a mean of 4.90 and a standard deviation of .32 in the third survey (2nd- $M = 4.82$; $SD = .40$) (1st- $M = 4.65$; $SD = .61$). The ability to think strategically yield a mean of 4.90, with a standard deviation of .32 (2nd- $M = 4.82$; $SD = .40$) (1st- $M = 4.71$; $SD = .59$). The third survey yielded a mean of 4.90, and standard deviation of .32 for possessing emotional intelligence (2nd- $M = 4.82$; $SD = .40$) (1st- $M = 4.69$; $SD = .48$). Ability to build trust yielded a mean of 4.90, and a standard deviation of .32 in the third survey (2nd- $M = 4.82$; $SD = .40$) (1st- N/A). Knowledge about relevant legislation such as WIOA, the Americans with Disabilities Act and Individual with Disabilities Education Act elevated in importance in the third survey. It yielded a mean of 4.80, with a standard deviation of .42 (2nd- $M = 4.73$; $SD = .47$) (1st- $M = 4.41$; $SD = .71$). The ability to work independently and take initiative with minimal direction yielded a mean of 4.80, with a standard deviation of .42 in the third survey (2nd- $M = 4.64$; $SD = .50$) (1st- $M = 4.53$; $SD = .51$). The third survey yielded a mean of 4.80, and a standard deviation of .42 for ability to set vision for staff (2nd- $M = 4.82$; $SD = .40$) (1st- N/A).

Based on the mean scores and lower variance for each competency it was determined that a subsequent survey was not needed. It also worth noting that all competencies received a score of somewhat important and higher, therefore no competencies were dropped from the list. This

indicates that all of the competencies in the survey are important for a rehabilitation manager in the federal-state VR system. The competencies that had the lowest scores in round three include knowledge about clinical roles of counselors (M= 3.70; SD = .95), knowledge about technical assistance resources (M= 3.60; SD=.52), knowledge about labor practices (M= 3.60; SD = .70), knowledge about rehabilitation technology (M=3.50; SD = .85), ability to develop and manage agreements and contracts (M= 3.30, SD =.48). However, even though these competencies ranked the lowest, it's important to note that they are still considered somewhat important competencies for a rehabilitation manager.

Summary

The research question sought to determine the competencies of a rehabilitation manager in public vocational rehabilitation system. Using current research, a list of competencies was developed and placed in a survey. Using subject matter experts, the series of surveys sought to answer the research question using the Delphi method of research. The Delphi method is a common approach to seeking consensus on topics such as this topic. Through the series of surveys, competencies were assessed, with several competencies obtaining consensus amongst the subject matter experts. All of the competencies included in the survey were identified through previous research and available literature. The subject-matter experts identified all of the competencies from somewhat important to extremely important. None of the competencies were identified as unimportant. In the next section the implications of this research will be addressed.

CHAPTER 5

DISCUSSION

Introduction

The federal-state vocational rehabilitation program has been in existence for a century. It has evolved significantly during that period of time. One of the notable aspects of the state-federal vocational rehabilitation is the professionalization of the field of rehabilitation, and the profession of rehabilitation counseling. Rehabilitation counselors have the primary responsibility of assisting people with disabilities find employment. The knowledge they need to possess includes counseling, vocational and core rehabilitation knowledge (Leahy et al., 2009). The systems that rehabilitation counselors work within vary, but many work within the federal-state vocational rehabilitation program. Because of the government system federal-state VR agencies operate within it can be assumed there are layers of management oversight. Many vocational rehabilitation agencies employ managers of offices, managers of regions and the required state vocational rehabilitation director. Often times a rehabilitation counselor advances in their career to become a manager. However, little formal preparation is provided to transition into the role of a manager, which this research has shown are different skills than a rehabilitation counselor (Belker et al., 2018). This section will provide a summary of findings, implications of this research on VR directors, rehabilitation educators and researchers. In addition, this section will cover the study limitations.

Summary of Findings

The research depicts a consensus of the necessary competencies of a rehabilitation manager. This consensus was developed through the use of subject-matter experts that are either vocational rehabilitation directors, administrators or assistant directors. The research was built on

the competency model of knowledge, skills and abilities (Lucia & Lepsinger, 1999). This is a common model used by human resource professionals. The survey instrument was developed using a previous research study conducted by Grivetti (2019), which used grounded theory to develop the hypothesis of what knowledge, skills and abilities were necessary for a rehabilitation manager. In addition, the survey instrument used current management, leadership and human resource literature to further develop a comprehensive survey instrument. The survey instrument yielded a list of competencies for a rehabilitation manager. Almost all of the competencies identified ranked as very important to extremely important, with a handful of competencies falling into the somewhat important ranking. Table 13 indicates the competencies that yielded a mean of 4.90 or higher. The below competencies are supported by the Grivetti (2019) study and other management and leadership research.

Table 14: Top ten rehabilitation manager competencies

Domain	M	SD
Effective communication skills	5.00	0.00
Ability to lead staff	5.00	0.00
Ability to work in high pressure situations	5.00	0.00
Ability to engage in strategic partnerships	4.90	0.32
Ability to manage in complex and ambiguous situations	4.90	0.32
Ability to think strategically	4.90	0.32
Ability to be flexible and adaptable	4.90	0.32
Ability to be creative and innovative	4.90	0.32
Possess Emotional Intelligence	4.90	0.32

Table 15 (cont'd):

Ability to build trust	4.90	0.32
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The above competencies are a sampling of the top competencies identified in the final survey. They are critical to the success of an organization based upon the literature. For instance, Grivetti (2019) indicates that communication skills are important to help staff feel more engaged in organizational success. The ability to lead staff is critical so that staff will follow the vision of the manager, inspire others towards greatness, improves employee morale and helps with staff retention (Liang et al., 1993) . The ability to work in high pressure situations allows managers to face challenging situations with poise. The ability to engage in strategic partnerships is important because of the rehabilitation managers need to engage with community partners and businesses and builds trusting relationships with partners and staff. The ability to think strategically allows a manager to deal with complex situations with a coordinated thought process and serves as a model for staff (Holter & Kopka, 2001). The ability to build trust is also an important competency for a manager to have as it is critical for managers to build relationships with staff, community partners and businesses. The ability to be flexible and adaptable allows a rehabilitation manager the opportunity to manage unforeseen situations in a manner that demonstrates fortitude. The ability to be creative and innovative presents the opportunity for managers to seek alternative solutions to everyday problems. Possession of emotional intelligence is an important attribute as a person with emotional intelligence handles situations in a calm and controlled manner. This is an important attribute when managing stressful situations. Finally, the ability to build trust is critical to fostering productive relationships with colleagues and subordinates. People will not follow a manager they do not trust.

It is also worth looking at the bottom ten competencies and discussing those. Table 14 presents the bottom ten competencies.

Table 15: Bottom ten rehabilitation manager competencies

Domain	M	SD
Knowledge about government systems the VR system operates within	4.10	0.32
Ability to be persuasive	4.10	0.74
Ability to apply data and research to management of VR process	4.00	0.67
Possess facilitation skills	4.00	0.82
Ability to manage quality case work	4.00	1.05
Knowledge about clinical roles of counselors	3.70	0.95
Knowledge about technical assistance resources	3.60	0.52
Knowledge about labor practices	3.60	0.70
Knowledge about rehabilitation technology	3.50	0.85
Ability to develop and manage agreements and contracts	3.30	0.48

Even though these were identified as the bottom ten competencies it is worth noting that they ranked as either ‘very important’ or ‘somewhat important’. One reason that some ranked lower may have to do with the differences in management structures, perspectives of the person answering the questions and the structure of the VR agency. For instance, in some states front-line managers are responsible for developing and managing agreements and contracts with local school systems or community partners. This may not be the case in the states that responded to the survey. Front line managers who directly supervise rehabilitation counselors may need to

know more about rehabilitation technology, have the ability to manage quality case work and have knowledge about the clinical roles of counselors. However, if the VR agency director who responded to the survey was pursuing the survey from their own perspective then having knowledge about the clinical roles of counselors may not be as important to a person in a senior level management position. Knowledge about labor practices has to do with understanding labor union policies and procedures, however, this may not have been necessarily clear to the subject-matter expert. Or, perhaps it is more of a situational issue where not all VR agency employees are represented by a labor union as they are in other states. Having knowledge about the government systems VR agencies operate within is likely not as important to the frontline manager as it would be to the VR agency director. The VR agency director is likely interacting with others within the department in which the VR agency resides. For example, in Michigan the VR agency is within the Department of Labor and Economic Opportunity. The VR agency director has to interact with the director of that department for fiscal issues and strategic planning, however, a frontline manager does not need to have that level of interaction.

The majority of the manager competencies used to develop the survey instrument were broad competencies that could apply to most manager positions regardless of the industry. However, the Grivetti (2019) research was conducted using subject-matter experts that were in the field of rehabilitation. The competencies that are specific to the field of rehabilitation are identified in Table 16.

Table 16: Competencies specific to vocational rehabilitation

Domain	M	SD
Knowledge about relevant legislation (i.e., WIOA, IDEA, ADA)	4.80	0.42

Table 16 (cont'd)

Knowledge of core VR values	4.70	0.48
Knowledge about vocational rehabilitation system and processes	4.50	0.71
Ability to achieve federal performance standards	4.30	0.98
Knowledge about government systems the VR system operates within	4.10	0.32
Ability to apply data and research to management of VR process	4.00	0.67
Ability to manage quality case work	4.00	1.05
Knowledge about clinical roles of counselors	3.70	0.95
Knowledge about technical assistance resources	3.60	0.52
Knowledge about rehabilitation technology	3.50	0.85

These competencies are specific to the field of rehabilitation, as it is important for rehabilitation managers in the federal-state VR system to understand the legislation they are working within through the Workforce Innovation Opportunities Act (WIOA), and the American's with Disabilities Act, which serves a civil rights legislation for people with disabilities. One of the subject-matter experts added knowledge about core VR values to the list of competencies, and it ended up achieving near consensus. Knowledge about the VR system and processes is guided by legislation and values, which ranked as very important. A rehabilitation manager needs to have the ability to achieve the VR programs federal performance standards that are outlined in WIOA. They need to also have knowledge about the government systems the VR

agency operates within. For instance, VR programs focus on helping people with disabilities find employment. However, there are many other workforce development programs operated by governmental systems that a manager needs to be aware of and be able to coordinate with. There is a plethora of research and data produced in the field of rehabilitation that a manager needs to be able to apply to the practice of rehabilitation counseling. Depending upon the level of management the rehabilitation manager is at will determine their role with quality case work. A frontline manager may have a direct role in managing the case work of counselors, whereas a VR agency director will not be hands-on in that process. This also applies to knowledge of clinical roles of counselors, which likely received a score of somewhat important because the subject-matter experts were VR directors. The final areas that scored somewhat important were knowledge about technical assistance resources and knowledge about rehabilitation technology. Both may have scored lower based on the perspective of the subject-matter expert who took the survey.

The theoretical framework for conducting this Delphi study was built upon a competency-based model that uses the factors of knowledge, skills and abilities. The framework has six steps, with the first being the identification of the performance criteria for individuals and/or work units. This was done by conducting research using grounded theory as the basis for generating a hypothesis of the knowledge, skills and abilities necessary for a rehabilitation manager. The research was augmented by leadership and human resource literature to develop a survey to be administered to subject-matter experts. Secondly, the model calls for the identification of individuals that meet, exceed or fall below the performance criteria. In this study it was chosen to identify individuals that at least met the performance criteria by selecting people who were currently performing the duties of a rehabilitation manager. Thirdly, a survey was

administered to test the degree of importance of the given competencies to do the job. The fourth step was to analyze the survey and refine the model. This was done by asking participants to identify attributes that were missing from the first survey. The fifth step is to validate the model, which was done by conducting the survey two additional times to reduce the variance in the response. The final step is to finalize the competency model, which was completed after all the previous steps were completed. By conducting the research using a competency-based model it can be assumed that the outcome yielded valid results.

The below table (Table 17) presents the data within the theoretical framework by separating the domains into the categories of knowledge, skills and abilities. Looking at the data in this view highlights the fact that the survey was built with more of a focus on abilities, and that the data used to develop the survey presented a limitation. This limitation will be further discussed in the limitation section.

Table 17: Competency domains separated into knowledge, skills and abilities

Knowledge	Skills	Abilities
Knowledge about relevant legislation (i.e., WIOA, IDEA, ADA)	Effective communication skills	Ability to lead staff
Knowledge of core VR values	Possess Emotional Intelligence	Ability to work in high pressure situations
Knowledge about vocational rehabilitation system and processes	Organizational management skills	Ability to engage in strategic partnerships
Knowledge about programs and services	Possess the skills of a confident leader	Ability to manage in complex and ambiguous situations
Knowledge about the political environment	Personnel management skills	Ability to think strategically
Knowledge about government systems the VR system operates within	Possess logical decision-making skills	Ability to be flexible and adaptable

Table 17 (cont'd)

Knowledge about clinical roles of counselors	Possess basic computer skills	Ability to be creative and innovative
Knowledge about technical assistance resources	Possess a curious approach to work	Ability to build trust
Knowledge about labor practices	Fiscal management skills	Ability to work independently and take initiative with minimal direction
Knowledge about rehabilitation technology	Possess facilitation skills	Ability to set a vision for staff
		Ability to think analytically and critically
		Ability to be compassionate and empathetic
		Ability to manage partnerships and relationships
		Ability to manage time and prioritize work
		Ability to implement policy
		Ability to manage conflict
		Ability to maintain focus
		Ability to interpret regulations and policy and apply to practice
		Ability to negotiate
		Ability to implement organization initiatives
		Ability to remain client-centric
		Ability to be resourceful
		Ability to focus on outcomes
		Ability to be discerning
		Ability to engage in self-assessment
		Ability to multi-task
		Ability to achieve federal performance standards

Table 17 (cont'd)

Ability to set and manage performance goals and objectives
Ability to resolve customer complaints
Ability to be persuasive
Ability to apply data and research to management of VR process
Ability to manage quality case work
Ability to develop and manage agreements and contracts

Implications on Vocational Rehabilitation Director

The results of this study could help current VR agency directors with training, succession planning, evaluating performance and recruiting within the VR agency. Figure 11 indicates that knowledge of rehabilitation competencies can improve management training and support efforts. Counselors who are recruited to managers may need more support than experienced managers. Knowledge of the competencies can help a VR director formulate a staff development plan that includes both training and mentoring of the new managers. For instance, newer managers may be paired with more seasoned managers in a mentoring relationship to offer support during the first year on the job. This presents the new manager an opportunity to learn from a peer and have an identified person to lean on during stressful times. Succession planning is a critical element to the future success of rehabilitation programs. It has been noted by Sabella (2017) that there will be a significant number of manager vacancies, leading to the need for VR directors to engage in succession planning. Aspiring rehabilitation counselors can be sought out to serve as future

managers in advance of their actual promotion, offered mentoring and training opportunities to help them be better prepared when promoted. Failure to do effective succession planning places an organization at risk by not having a pipeline of prepared individuals to step into these important roles. Knowledge of the key competencies of a manager role can assist VR directors, and their human resource support, create job descriptions and performance review tools that are built of empirical evidence versus arbitrary information. This affords the opportunity to evaluate performance based on objective information, allowing greater opportunities to enhance performance. Finally, Figure 11 supports the fact that knowledge of key competencies enhances a VR directors' opportunity to recruit the most qualified candidates to serve as rehabilitation managers. Without the presence of objective data to evaluate a person against in the selection process there is a risk of choosing people based on factors such as charisma alone. This often occurs when someone is well-liked or interviews well but lacks the actual competency to do the position. The implication of Figure 11 is that when competencies are known, VR directors can recruit, train and support the most qualified rehabilitation manager, thus leading to improved VR outcomes.

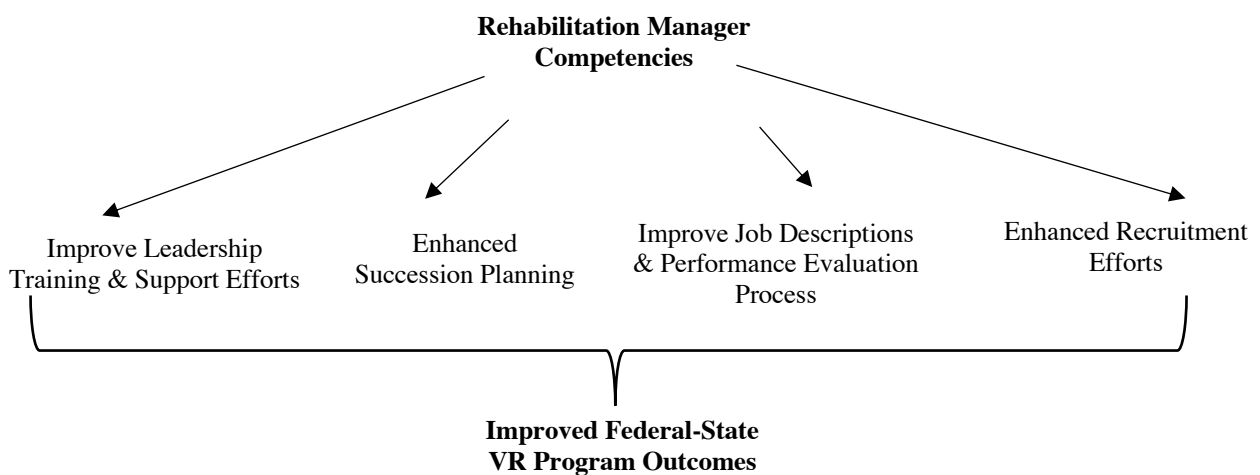


Figure 11: Implications on VR directors

Rehabilitation managers have a direct connection to organizational success (Crawley, 1994). Ingraham-Wallace & Getha-Taylor (2004) indicated that managers create positive organizational cultures, facilitate a motivated workplace and impact positive and higher-performing organizations. According to Van Wart (2003) effective management provides better quality services, creates a sense of cohesiveness, provides a sense of direction and vision and is a healthy mechanism for innovation and creativity. Due to the importance of this role on the outcomes and culture of an organization it is imperative to understand the competencies of a rehabilitation manager to ensure the most qualified individuals are chosen for and supported in these roles.

Implications on Future and New Rehabilitation Managers

Current rehabilitation counselors that are aspiring to become rehabilitation managers can utilize this research to help understand the knowledge, skills and abilities necessary to do the job of a rehabilitation manager. This research creates the opportunity for counselors to build on their counseling skills and develop the necessary skills of a manager while they are still in the role of a counselor. A counselor who is self-aware can take an honest inventory of what skills they currently possess and compare against what skills they need to further develop. Developing these skills prior to being named a manager gives the counselor time to exercise and hone these skills; and potentially express their desire to be promoted to a manager, when appropriate. Counselors may consider taking on additional job responsibilities such as joining committees where they can develop new skills. They may also consider joining state or national rehabilitation associations where they can join committees and develop and exercise new leadership skills.

The literature addresses the concept of role transition as a disruptive time to a person when they moved from a practitioner role to a manager role. Lawson (1994) noted that the

biggest challenge was letting go of client needs and focusing on overall organizational health. It was also noted in the literature that other challenges with transitioning into the role of a manager includes not having a global view of the organization, isolation due to loss of acceptance by staff peers and new management peers and the unexpected political dimensions of management (Lawson, 1994). The challenges of this transition make it more critical for VR agencies to have manager development programs and mentoring support once recruited to a manager.

Implications on Research

While the study sought to answer the questions on what the competencies are of a rehabilitation manager in the federal-state vocational rehabilitation system, it is worth exploring these findings in the context of the difference between a rehabilitation manager and rehabilitation counselor to further make the case that these roles are significantly different and require a different level of training, education and preparation. Further research could be conducted on the role differences to help determine how to effectively prepare rehabilitation counselors for the role transition to a rehabilitation manager. For instance, a job function and knowledge domain study similar to the Leahy et al. (2003) could be conducted of rehabilitation managers. Researchers could use this study as a basis for developing similar instruments as the job task questionnaire (*Rehabilitation Skills Inventory-Revised* [RSI-R; Leahy, Chan & Saunders, 2001]) or the knowledge requirement questionnaire (*Knowledge Validation Inventory- Revised* [KVI-R; Leahy, Chan & Saunders, 2001]). Using a similar instrument may allow for a comprehensive compare and contrast of job functions and knowledge of a rehabilitation counselor and rehabilitation manager.

This research could be expanded to develop and test training curriculums for future managers. Currently, there are few formal options for on-the-job training for counselors

interested in becoming rehabilitation managers. The most notable national-level training is the National Rehabilitation Leadership training offered by San Diego State University. This training covers 1) public policy, fiscal and legal systems in VR, 2) designing strategic VR systems and practices, 3) public policy and constituency-building in rehabilitation and 4) leadership in diverse environments. Additional state-level training programs could be developed built off empirical research and tested for effectiveness.

Additionally, this research could be expanded to include other settings in which rehabilitation managers work. Rehabilitation professionals work in a variety of settings such as private rehabilitation settings where professionals work with clients who are injured in the workplace or in automobile accidents. It would be interesting to conduct research regarding the competencies of a rehabilitation manager in that setting and compare whether the competencies are different than in the federal-state VR system. Additionally, rehabilitation counselors also work in community rehabilitation organizations and Independent Living Centers, often times being promoted to manager positions. Research could be expanded to look at management competencies in those settings, as well.

Implications for Rehabilitation Counseling Education

Rehabilitation counseling masters level education prepares counselors to work in a variety of settings, many of whom work in the state-federal vocational rehabilitation program. The Masters level education has the focus on preparing rehabilitation counselors for rehabilitation counseling positions. The doctoral program is focused on teaching students how to researchers and educators in the field of rehabilitation. Included in the doctoral program is coursework in clinical supervision, and a supervision practicum. However, the doctoral program does not have an emphasis on preparing rehabilitation managers. Although there are

competencies identified that would be useful to counselors and educators, such as the ability to work in high pressure situations and effective communication skills, neither the master's program, nor the doctoral program is the right venue for teaching people to become rehabilitation managers. However, universities with rehabilitation counseling programs may want to consider building their continuing education offerings as a revenue model for the rehabilitation counseling program. A partnership could be formed with the federal-state VR agency(ies) within the state where a rehabilitation counseling education program is located.

This partnership may include continuing education courses to prepare counselors for management positions within the federal-state VR program. These courses could be built of the competencies identified in this study and could be structured to meet the needs of the particular VR agency. For instance, if a VR agency wants to focus on succession planning, they could request the university offer management training programs to help prepare people for management positions. As referenced in the implications on research section, training programs could be developed and tested for effectiveness.

Study Limitations

This study has a series of limitations worth addressing. One limitation in this study is the differences in how vocational rehabilitation agencies are organizationally structured. Each states program is structured differently, therefore, it is difficult to determine the perspective of the subject-matter expert. For instance, did the subject-matter expert conduct a self-assessment when answering the question, or were they thinking of their frontline managers knowledge, skills and abilities.

Another limitation is the sample size for this study. This study would have more validity had more of the eighty (80) VR agency directors had responded to the survey. There was also an

internal validity threat based on attrition of the subject-matter experts. The study started out with seventeen (17) participants, and through attrition the final survey had ten (10) respondents.

The years of experience of the subject matter experts was lower than anticipated. The question posed was about how many years in their current position, which 60% answered less than five years, could have been posed differently. Perhaps more questions to help understand how many total years a VR director, or delegate, has served in a management position likely would have produced a better snapshot for this study. It is assumed, but not verified in this study, that VR directors have several prior years of management experience prior to being name the VR agency director.

When the competencies were separated into the categories of knowledge, skills and abilities it became clear that the survey instrument placed a heavy emphasis on abilities. Future surveys will need to include more knowledge and skill domains to gain a better assessment of the competencies of a rehabilitation manager. In addition, it would be good to learn more about the knowledge, skills and abilities specific to the rehabilitation manager role, and not generalized across management roles.

Another threat to internal validity was repeated testing, or surveys. Repeated surveys may have led to systematic changes in how people responded. For instance, the questions asked people to affirm their previous reply or change their reply. It would be much easier and faster for the respondent to indicate they affirm their previous response in order to get through the survey faster. It was noted that at least one respondent did not change their scores on surveys two or three, leading the researcher to question testing validity.

The other issue that may have impacted internal validity is the influence of conducting a study in the midst of a global pandemic. The effect of COVID-19 on VR agencies is profound,

with agency staff working from home offices and VR directors having to conduct business in an unprecedented manner. This may have impacted the original response rate and attrition of respondents.

External validity factors include generalizability across rehabilitation managers. With the results being established based on only ten (10) subject-matter experts, it would be logical to expand the survey to a larger sample size to determine if there is generalizability in the responses received.

Conclusion

This study sought to fill a gap in research regarding the core competencies of a rehabilitation manager in the federal-state VR program. This research was centered around developing an understanding of the core competencies a rehabilitation manager should possess using the theoretical framework of the Lucia and Lepsinger (1999) competency model that incorporates essential knowledge skills and abilities.

This study was important in three ways. First, understanding the core competencies of rehabilitation managers can assist in recruiting, job satisfaction and lowering turn-over rates (Tesone & Ricci, 2005). Secondly, with heightened understanding of core competencies the opportunity to design training and leadership support programs which align more closely with the identified core competencies presents itself (Zaccaro, 2000). And, third, with improved recruiting and training, federal-state VR agencies can structure their succession planning in a more strategic manner, essentially filling the pipeline with qualified candidates for future leadership job openings (Liang et al., 1993).

The information gathered in this study adds to the literature in a meaningful manner since there is a notable gap in research regarding the competencies necessary for a rehabilitation

manager. Future research can build upon this study by expanding to more VR directors or by surveying more VR managers at various levels within the organization. A logical next step with this research is to try to improve its validity by dispersing it on a widespread basis through VR rehabilitation organizations.

APPENDICES

APPENDIX A

Research Consent

You are being asked to participate in a research study. The purpose of the study is to determine the competencies of a manager in the federal-state vocational rehabilitation system. You will be asked to complete the following survey. Your participation is voluntary. You can skip any question you do not wish to answer or withdraw at any time. You must be 18 or older to participate. If you have any questions, please contact Sara Grivetti at 989-XXX-XXXX. You indicate that you voluntarily agree to participate in this research study by submitting the survey.

Figure 12: Research consent

APPENDIX B

CSAVR Endorsement

From: John Connelly <JConnelly@csavr.org>
Sent: Thursday, April 2, 2020 9:12 AM
To: Grivetti, Sara <kristalb@msu.edu>
Cc: Sherman, Susan G <SHERMANS15@ECU.EDU>; Leahy, Michael <leahym@msu.edu>; Stephen Wooderson <Swooderson@csavr.org>;
Theresa Hamrick <THamrick@csavr.org>
Subject: RE: SURVEY REQUEST FORM

Good Morning Sara

Your request for endorsement of your research and survey has been approved. As you know the world has drastically changed since you first contacted CSAVR about endorsing your study. In light of this I am wondering if you have any latitude to push the distribution of the survey back to July when hopefully we are past the pandemic. Not sure if you have this ability and would urge you to consider delaying it if you do because I think the quantity and quality of your responses would drastically increase.

Not sure how much you have heard about what is going on in state VR agencies. Almost all have shut their offices and shifted staff to working virtually. This has presented varying degrees of challenge. For example one Director I was on a call with yesterday shared that they had to shift 1,000 to virtual work and the agency only had 250 computers. Staff are having to use their own computers and in such instances they cannot get into the agency's consumer records so are looking for work arounds. Like for most of us much of this is new and Directors like others are figuring it out and are still swamped with caring for their staff, meeting customer needs, and trying to maintain vendors. Not trying to whine and only give you some idea why it might be better to delay the survey as suggested above.

Again, not sure of your timelines. If you decide you want to put the survey out now, we will support that decision.

Please let me know how you wish to proceed from here and we will work it out.

Thanks,

John

Figure 13: CSAVR endorsement of research

APPENDIX C

Message to Potential Respondents

You are being asked to participate in a research study as a Subject Matter Expert in the area of manager competencies. The purpose of the study is to determine the competencies of a manager in the federal-state vocational rehabilitation system. You are being asked to participate in a series of 3 surveys, each will take about 10-minutes to complete. The first survey is at the below link, subsequent surveys will be sent after sufficient responses are received from the first survey. Your participation is voluntary. You can skip any question you do not wish to answer or withdraw at any time. If you have any questions, please contact Sara Grivetti at 989-XXX-XXX or kristalb@msu.edu. You indicate that you voluntarily agree to participate in this research study by submitting the survey with your contact information.

This study is a part of a dissertation to complete requirements of the Rehabilitation Counseling Education doctorate program at Michigan State University. This is a Delphi study where Subject Matter Experts are chosen to help develop consensus on a particular topic. Your participation is greatly appreciated.

APPENDIX D

Survey Instrument

Directions: Please complete the survey using the below Likert scale for each item. Each item shall be ranked independently of one another.

Likert Scale

1= not at all important; 2= not so important 3= somewhat important 4= very important 5= extremely important

Organizational management skills

1 2 3 4 5

Knowledge about vocational rehabilitation system and process

1 2 3 4 5

Personnel management skills

1 2 3 4 5

Knowledge about relevant legislation (WIOA, IDEA, ADA, etc.)

1 2 3 4 5

Knowledge about technical assistance resources

1 2 3 4 5

Ability to engage in strategic partnerships

1 2 3 4 5

Knowledge about the political environment

1 2 3 4 5

Ability to implement policy

1 2 3 4 5

Knowledge about government systems the VR system operates within

1 2 3 4 5

Ability to manage partnerships and relationships

1 2 3 4 5

Effective communication skills

1 2 3 4 5

Ability to manage in complex and ambiguous situations

Survey Instrument (cont'd)

1 2 3 4 5

Ability to manage conflict

1 2 3 4 5

Ability to think strategically

1 2 3 4 5

Ability to focus on outcomes

1 2 3 4 5

Ability to apply data and research to management of VR process

1 2 3 4 5

Ability to interpret regulations and policies and apply to practice

1 2 3 4 5

Ability to negotiate

1 2 3 4 5

Possess facilitation skills

1 2 3 4 5

Ability to remain client-centric

1 2 3 4 5

Fiscal management skills

1 2 3 4 5

Possess basic computer skills

1 2 3 4 5

Ability to manage time and prioritize work

1 2 3 4 5

Ability to be flexible and adaptable

1 2 3 4 5

Ability to be creative and innovative

1 2 3 4 5

Ability to lead staff

1 2 3 4 5

Survey Instrument (cont'd)

Ability to think analytically and critically

1 2 3 4 5

Ability to work independently and take initiative with minimal direction

1 2 3 4 5

Ability to work in high pressure situations

1 2 3 4 5

Ability to be discerning

1 2 3 4 5

Possess a curious approach to work

1 2 3 4 5

Ability to be compassionate and empathetic

1 2 3 4 5

Ability to engage in self-assessment

1 2 3 4 5

Ability to multi-task

1 2 3 4 5

Ability to maintain focus

1 2 3 4 5

Ability to be persuasive

1 2 3 4 5

Ability to be resourceful

1 2 3 4 5

Possess the skills of a confident leader

1 2 3 4 5

Possess logical decision-making skills

1 2 3 4 5

Possess emotional intelligence

1 2 3 4 5

Ability to set and manage performance goal and objectives

Survey Instrument (cont'd)

1 2 3 4 5

Ability to implement organization initiatives

1 2 3 4 5

Ability to achieve Federal Performance Standards

1 2 3 4 5

Ability to develop and manage agreements and contracts

1 2 3 4 5

Ability to manage quality case work

1 2 3 4 5

Ability to resolve customer complaints

1 2 3 4 5

Knowledge about labor practices

1 2 3 4 5

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