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THE ELEMENTS OF THE IWRP AND THE ROLES OF AN SCD

Alice H. Randolph, Ed.D.

Thank you very much for the opportunity to speak to this group. It was my pleasure to work with this group when it met in 1974 and I've looked forward to this assignment.

To begin my presentation, I'd like to continue the pattern set by Ralph White and provide another lesson on scripture. There were three men discussing which of their professions was the oldest. These men were an architect, a physician, and a politician. The physician said "We'll solve this by returning to the earliest written record; the Bible. It says that Eve was created out of Adam's rib. That was a surgical procedure so my profession must be the oldest. The architect said, "Oh no! Before Adam and Eve, God created the universe out of chaos. That was an architectural process, so my profession is the oldest." "No, no, no." cried the politician. "My profession is definitely the oldest. Who do you think created all that chaos in the first place?"

And to be very honest, chaos is what I expected when I first read the Rehabilitation Act of 1973. It was in that legislation that the Individualized Written Rehabilitation Program was mandated. It was, as far as I have been able to determine, the first attempt of legislators to specify what happens in a counseling relationship between a rehabilitation counselor and the client. Not only that, the IWRP is clearly out of the behavioral theoretical approach to counseling. The IWRP represented a big change from the 'individual plan' (remember that) and VR agencies weren't prepared to give the IWRP the warmest of receptions. It is fair to say that it was received less enthusiastically than a budget increase would have been received.

The purpose of my time here is to review the elements of the IWRP, but I'm not going to spend much time telling you the letter of the law. You have Dick Melia to help with those needs. I'm also not going to spend this time telling you how to do an IWRP, since that is not what most of you do.

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I'm going to focus on the IWRP and your role as:

- trainer of new counselors
- remediator of difficulties in RCD performance
- shaper of attitudes and behavior
- educator of advocacy groups
- reinforcer of client expectations

I realize that most SCDs don't have line authority; that most SCDs don't consider themselves as policy makers in the agency; and that most SCDs didn't have input to the development of the IWRP form. Any one of these facts could be an excuse to throw up your hands and say, "What can I do to help deaf clients? Look where I am in the agency"! But that doesn't happen with this group. One reason is because you know that knowledge is power. With the knowledge you have about the uniqueness of the disability comes the power to impact the system in many ways. I'd like to suggest that perhaps a unwritten, subgoal of this conference be for you to acquire enough knowledge about the IWRP, that you can manipulate that system in favor of the deaf client.

What is an IWRP? To answer this we go to the intent of the Act: to expand and improve services to severely handicapped individuals, and to make the client a full participant in his or her rehabilitation process. It seems further evident that it was the intent of Congress that the IWRP be a blue print of this process of providing rehabilitation services in a systematic way to help the client achieve a vocational goal. This blueprint is developed in advance of any service provision and is continuously developed. It answers the questions, What is the vocational goal, and How will this goal be attained. It is intended that the IWRP be written as specifically as possible as early in the process as possible. These aspects of the IWRP make it a process of sequential planning for client services; this is the IWRP as an underlying philosophy. IWRP is also a form; each agency has had to operationalize these concepts. Unfortunately, IWRP means only form to most rehabilitation counselors at this time.

The philosophy underlying IWRP could be summarized as the blueprint of a rehabilitation process that is the mutual possession of both the counselor (agency) and the client. The client is a full participant, and understands the sequence of the services and the accountability that is built into the process. Philosophically speaking, as a network of state federal agencies this is the official announcement of a move from paternal or autocratic rehabilitation to full and participatory rehabilitation.

I'd like to stray a bit from my assignment for just a minute. Something that I'm hearing from rehabilitation counselors related to this issue has me concerned. It seems that some agency staff have gotten the idea that full participation and joint decision making mean that the client makes the decision. More serious is the translation that this means that the client get

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what he or she wants. I don't agree with this, although I can see how we may be giving counselors this idea. I think joint participation and joint decision making should be explained something like this. To the rehabilitation process the client brings zest, enthusiasm, ambition, hopes, desires, goals, etc. The rehabilitation counselor brings expertise in vocational areas, knowledge about what contributes to long term vocational success, understanding of disabilities and people, etc. Together the counselor and client trade these ideas and goals. They contribute together, but uniquely to the process. When there is a difference, they negotiate. When a client is coming from an unrealistic perspective the counselor educates. Hopefully they can reach agreement. If they can't, then it is the counselor's responsibility to make a sound rehabilitation decision. It is then the client's right to appeal the decision. Since the counselor is responsible for his or her caseload and budget, it is the counselors who must ultimately make the decisions which they have been educated and trained to make. It is important that we communicate that the system believes in the competence and integrity of a decision soundly made and adequately documented. This is not to say that we lessen the emphasis on client rights; we just provide balanced information.

The counselor client relationship has some new components or added dimensions as a result of the IWRP. There has been an increase in the quality of the knowledge exchange component, the client involvement component, and a verification component has been added. Let's discuss specifically what has or should have happened to each of these components.

The *knowledge exchange* component. This refers to the information that must be provided to the client and the assurance that the client *understands* this information, as well as the traditional information that the counselor has always obtained about the client. The IWRP has affected the communication of information to the client in the following areas.

- the meaning of rehabilitation
- the meaning of eligibility and how it is determined
- the rights to appeal a decision of ineligibility
- the administrative review/fair hearing process and what it means
- the annual review of an ineligibility decision
- the meaning of confidentiality and that personal, medical, and other information will be kept confidential
- the contingencies that might affect the program of services

The *involvement component* refers to the client's active participation in making decisions related to his or her rehabilitation. Client involvement is an all encompassing phrase and it can mean a great deal or it can be so broad as to mean nothing. Here are some specific points at which the client should be involved.

- placement in extended evaluation
- determination of eligibility or ineligibility

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- formulation of a vocational goal
- establishment of intermediate objectives, including services, target dates, and evaluation criteria
- evaluation of progress as outlined on the IWRP
- discussion of rights and responsibilities
- amendments to the IWRP

The verification component is from the mandate that the client will receive information in writing about the eligibility decision and the IWRP. The law says that it is the agency's responsibility to help the client understand the rehabilitation process. This must be verified either in the case record, through the client's signature, etc.

This is an overview of the philosophical interpretations of the legislative mandates of the IWRP. Now let me review for operational purposes what the IWRP must be. It must be:

- continuously developed
- jointly developed
- developed with the client's representative if the client so desires
- assured that the client will receive a copy of the main document and substantial amendments
- initiated with either status 06 or 10
- a program of services which will enable the client to achieve the vocational goal
- include the following statements
 - the basis of the eligibility determination
 - the long range employment goal
 - the intermediate rehabilitation objectives
 - services, terms, and conditions
 - date of initiation and completion of services
 - evaluation of progress toward the rehabilitation objectives with objective criteria and how progress will be recorded
 - views of the client
 - the client's financial participation including the use of similar benefits if they are available
 - an assurance that the client knows his or her rights or responsibilities
 - information about client assistance projects
 - the basis of rehabilitation success
 - post employment and closure justification

Of all these requirements most are being carried out and there seems to be no significant difficulties with the exception of "intermediate rehabilitation objectives". The guidelines are less than specific and there is widespread confusion and various implementation approaches among the state agencies.

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For the record, the intent of all concerned seems to be for clarification of intermediate objectives so that they are like this. They tell:

- What the client will achieve. . . i.e., outcome behavior that is measurable and observable.
- How it will be known that the client has adequately achieved the objective. . . i.e., an objective evaluation criterion.
- When the client will achieve the objective. . . i.e., estimated dates of initiation and completion
- What method of evaluation will be utilized to assess whether the objective has been reached. . . i.e., evaluation procedure.

SUMMARY

As a form, with the exception of the intermediate objectives the VR system has done a creditable job of operationalizing the IWRP.

As a philosophy the IWRP has blazed a trail that other disciplines are following. It has been visual proof of our move from paternal rehabilitation to participative rehabilitation.

In my opinion we've fallen short on counselor education. And in my opinion, we have missed the mark in client education and work with advocacy groups about the most effective use of the IWRP.

You, the SCDs are challenged, as are we the educators, to provide meaningful information and guidance about the IWRP.

SCDs are doubly challenged since they serve as advocates for deaf people and also serve as advocates for the survival of the VR system.

To meet this challenge you have fine tools: the ability to educate both clients and staff, the liaison with agency administration, the ability to impact agency direction and policy, and relationships with community agencies and advocacy groups.

Take these two days to sharpen your tools. Gather ideas and techniques from your counterparts from other states. Return home with new knowledge (and the accompanying power) to manipulate the system for deaf clients.