37 Utilizing Indigenous Volunteers and Paraprofessionals for Disability Advocacy and Service in Rural America

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Overview

While acknowledging that much progress has been made for inclusion of people with disabilities in the United States, mainly due to several landmark legislations in the past 50 years, many people with disabilities, particularly those who reside in rural areas, are yet to fully benefit from those developments. Research on the subject of rural vocational rehabilitation suggests a clear agreement that rural people with disabilities do not receive the same level of services as their counterparts in metropolitan areas. Equally well defined are the reasons for that disparity, with lack of transportation in rural areas undisputedly identified as a single most important reason for the inequity (Iezzoni, Killeen, & O'Day, 2006; Putnam & Tang, 2005; Rigles, Ipsen, Arnold, & Seekins, 2011). Other commonly cited reasons are poverty and low educational levels in rural areas (Bennett, Olatosi, & Probst, 2008; Nelson, 2010). At the heart of this is a shortage of rehabilitation counselors in the state VR system; precisely the lack of counselors who are available to work closely with people with disabilities in rural areas. Closely tied to this is a lack of sufficient funding for provision of services to people with disabilities. There is little information, however, on how people with disabilities in rural areas can have equal access to rehabilitation services or how the disparity can otherwise be eliminated.

In the United States, the use of paraprofessionals in the disability field was pioneered in the second half of the twentieth century for the purpose of providing support to students with disabilities (Giangreco, Edelman, Broer, & Doyle, 2001; Griggs, 1973; Omohundro, Schneider, Marr, & Grannemann, 1983; Rojewski, 1992). Historically, the concept of paraprofessional working with people with disabilities was precipitated by a shortage of qualified professionals in the fields of special education several decades ago. Since then, paraprofessionals, also known as paraeducators, have been an indispensable part of special education. However, the concept of utilizing paraprofessionals in VR is not new either. Cook, Ferritor, and Cooper (1981) mention several projects in the 1960s and 1970s that had employed that concept including one that recruited rural housewives to perform some VR duties to ensure continuity of services in the 1960s and another that utilized public health nurses to provide counseling, identify community resources, and make referrals on behalf of VR counselors. Those strategies were necessitated by a shortage of rehabilitation professionals and the constraints of time and funding

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for rehabilitation counselors' travel. There is, however, no clear indication in the literature as to why that trend did not continue. In fact, there is almost no research at all conducted on volunteers and paraprofessionals in VR counseling. The only empirical studies available on the subject (Crisler, 1973, 1976; Matheny & Oslin, 1970; Mitra, Fitgerald, Hilliard, & Baker, 1974; Sawatzky & Paterson, 1982) are considerably dated. Notably, those studies (Brown, 1974; Hattie, Sharpley, & Rogers, 1984; Hoffman 1976; Kase, 1972) reported paraprofessionals in rehabilitation counseling as having been highly effective.

There is no clear information available on why the practice, which was apparently effective and widespread in the late 1960s and 1970s, did not continue to the present in rehabilitation counseling as it did in the field of special education. However, judging from the limited available literature from that period (Crisler, Porter, & Megathlin, 1969), several factors may have played a role in its discontinuation. First, some administrators and professionals in counseling perceived paraprofessionals more as competitors than as an integral part of the helping profession. Salomone (1970) noted, "Rehabilitation counselors in general seem to be threatened by the growing utilization of rehabilitation aides in public and private agencies" (p. 4). Also, according to Patterson (1968), rehabilitation counselors did not want to give up coordinating functions, which apparently were automatically relegated to rehabilitation aides. Second, the employment of rehabilitation aides appears to have been tied to the Economic Opportunity Act of 1965 as a job creation measure for poor people. That incentive to employ paraprofessionals appears to have faded with the subsequent economic recovery. Third, the rehabilitation counselor paraprofessional position was subject to career ladder procedures (Salomone, 1970) which meant that with time (training, education, and experience), the paraprofessional became a fully qualified rehabilitation counselor professional. Fourth, as master's level education and credentials became more and more recognized and accepted in the industry as the standard definition of rehabilitation counselors, the use of personnel who were not thus qualified was diminished.

In this chapter we propose to revisit use of paraprofessionals and indigenous volunteers and discuss some alternative options that could potentially be considered to enhance VR services in rural areas. Precisely, the chapter explores the utilization of indigenous volunteers and paraprofessionals as a potential solution to the service disparity, discusses the benefits and challenges of that approach, reviews ethical and legal concerns of using volunteers and paraprofessionals, and concludes by addressing future implications that could potentially affect service delivery. Due to a significant lack of current or recent literature on this subject, we will occasionally assume a somewhat descriptive, subjective stance as we explore what appear to be reasonable options based on the current VR scene and also on personal viewpoints. To assist the reader, we provide definitions of paraprofessionals and indigenous volunteer paraprofessionals to understand these roles in rural communities.

Learning Objectives

By the end of this chapter, the readers should be able to:

1. Define the differences between rehabilitation counselors, paraprofessionals, and volunteers.
2. Identify the advantages of using volunteers and paraprofessional in rehabilitation service delivery to clients in rural communities.
3. Understand the ethical and potential legal concerns of using volunteers and paraprofessionals.
4. Identify the roles for volunteers and paraprofessionals in rehabilitation service delivery.
5. Describe the process of obtaining and retaining nonprofessionals to assist with rehabilitation service delivery to people with disabilities in rural areas.

Introduction

According to the 2010 Census, the urban areas of the United States contain 249,253,271 people, representing 80.7% of the population, and rural areas contain 59,492,276 people, or 19.3% of the population (US Census Bureau, 2012). While

urban living is associated with convenience and easy accessibility to many of life's necessities and comforts, many people including people with various types of disabilities choose to live in rural settings for a wide variety of reasons among them, less traffic and congestion, a direct connection with nature, friendlier communities, peaceful atmospheres, and slower-paced living. Similar to their counterparts in urban settings, people with disabilities in rural America want to take part in community life and live independently. More importantly, many of them, especially those who held jobs prior to their disability, aspire to be engaged in gainful employment and to become productive, financially independent citizens. In order to do so, they may need community services, support, and advocacy to help meet their needs. Specifically, they need VR services to assist them in preparing for, obtaining, and maintaining employment consistent with their residual abilities. These services are typically provided by VR counselors that are employed by the state and trained to provide advocacy, support, mentorship, and leadership for people with disabilities. Unfortunately, the shortage of rehabilitation personnel in rural, frontier, and territory (RFT) regions of America is a stark and persistent reality. Often, the end result for people with disabilities in rural areas is long wait times, which frequently result in failure to follow through with services. To counter that potential negative outcome, paraprofessional and indigenous volunteers offer a means to which the delivery of services can be supplemented and enhanced.

Challenges of Rural Areas in Use of Volunteers and Paraprofessionals

In the field of vocational rehabilitation counseling, an increase in the numbers of people with disabilities requiring VR services significantly in the past 20 years has not been met with a corresponding increase in the numbers of rehabilitation personnel to serve those people. Consequently, this has resulted in a critical shortage of rehabilitation counselors (Tansey, Bishop, & Smart, 2004) in most parts of the country as the number of state VR counselors has actually decreased due to many states implementing a hiring freeze of rehabilitation personnel during the recent economic downturn. In fact, many states stopped hiring new VR personnel, in many cases not even to replace those going into retirement. While the shortage of rehabilitation counselors definitely affects all VR clients in that they may not receive quality services from counselors who may have had to take on larger caseloads, it is perceivable that clients in rural areas are most negatively affected. Whereas previously urban-based VR counselors might have had time to travel to a rural location to meet with a client or with potential employers, they may no longer be able to do so due to the shortage in human resources.

To the urban rehabilitation counselor, people with disabilities in rural areas are hard to reach, meaning that they are often difficult to identify, difficult to meet with, difficult to communicate and maintain contact with, and consequently difficult to serve (Eng, Parker, & Harlan, 1997). For people with disabilities who live in frontier territories (e.g., Montana, Alaska) and rural regions (e.g., Appalachian regions of West Virginia and Eastern Kentucky), that means possibly never receiving VR services. Viable alternative options in such cases would be the recruitment of indigenous paraprofessionals to provide VR services, albeit not the full range of services that a professional rehabilitation counselor could provide but adequate basic services to steer the person with a disability toward vocational independence. Paraprofessionals are generally utilized for two primary reasons, namely, to augment a shortage of trained professional staff and to overcome cultural barriers.

Who Are Paraprofessionals and Indigenous Volunteers?

By definition, paraprofessionals are people who work in a profession in which they have not received formal training, performing paid or unpaid duties for a professional organization. In other words, these are people to whom particular aspects of professional tasks are delegated

but who are not licensed to practice as fully qualified professionals. Typically, paraprofessionals relate closely to or have an interest in the target group being served by a program and perform duties that place them in direct contact with members of that group (Keune & Gelauff-Hanzon, 2001). An indigenous paraprofessional is one who hails from the same cultural background and geographical location as the client; who shares similar lifestyle, language, and general demographic characteristics with the client; who shares common cultural, social, and community values, attitudes, and behaviors with the client; and who is able to communicate with the client as a peer (Blount, Elifson, & Chamberlain, 2014). Other indigenous qualities include being able to understand a client's verbal and nonverbal language, understanding the client's community beliefs toward health and disability, and knowing the actual barriers to services that the client and others in similar situations face (Giblin, 1989). According to Sawatzky and Paterson (1982), an added advantage to using indigenous paraprofessionals is that they can be selected with a view to the commonality that they share with the population needing help. That is, "people from similar communities, settings, age groups, and problem backgrounds are viewed as having a potentially high level of empathy with each other" (p. 28).

In situations where the professional, in this case the rehabilitation counselor, is different from the client in terms of living experiences (such as urban versus rural life experiences), or is otherwise dissimilar racially, ethnically, culturally, linguistically, or socioeconomically, an indigenous paraprofessional could be utilized to work alongside or on behalf of the professional, acting as a bridge over the counselor-client differences. Conceivably, indigenous paraprofessionals identify with the client and are able to more easily establish rapport with him or her, in many cases making them more effective than the VR counselors working with the client (Blount et al., 2014; Durlak, 1979; Matrone & Leahy, 2005). This may also be due to the higher interest and enthusiasm associated with paraprofessionals and their ability to demonstrate empathy, warmth, and genuineness (Durlak) than professionals.

In many parts of the developed world, volunteers (lay people) and nonprofessionals indigenous to those areas (local communities) play an important, central role in the rehabilitation of people with disabilities. In those countries, local community members are recruited and trained to provide services to people with disabilities who live in those communities. The model typically "utilizes volunteer and paid field workers who are indigenous to the area, speak the local language and dialect, know the local customs and social mores, and are already acquainted with the local resources and services" (Zambone & Suarez, 2010, p. 30). These aspects of rural life incorporate self-reliance and a strong commitment to family and church (Kane & Ennis, 1996) and present a system on which the people with disabilities can rely.

In developing countries the utilization of informal caregivers in the provision of services to people with disabilities is not a new concept but rather one that has coexisted with formal services for many years. Be they members of the family, members of faith communities, nongovernmental agency workers, social workers, or community-based rehabilitation workers, these people provide formal and informal services that are typically provided by professional rehabilitation counselors in developed countries. Generally, services include basic support with activities of daily living, mentorship, advocacy in disability matters, leadership, coordination of treatment, referral to available services, education and training pertaining to the specific disability, transportation, counseling, adaptation and innovation of assistive devices, vocational training, job placement, job coaching, and other services as dictated by the nature of disability, the environment, and available resources.

At the core of the system is the immediate family of the person with the disability. In most cases the family provides 24-h residential support and case management (Kane & Ennis, 1996) as they interact on a constant basis with the individual with a disability. The family is the most important natural system and resource in the rehabilitation process of the person with a disability as it is often responsible for the most crucial aspects of rehabilitation. The responsibilities may include moni-

toring disability or disease symptoms, ensuring compliance with medications and home exercise programs, encouraging adherence to VR plans, and ensuring attendance at scheduled appointments including job interviews.

Informal healthcare providers play a significant role in the world, particularly in developing countries where they are perceived as convenient and affordable and as a means of traversing social and cultural barriers (Sudhinaraset, Ingram, Lofthouse, & Montagu, 2013). Studies on informal care networks have found that parents and spouses of people with disabilities comprise the majority of nonprofessional support for people with disabilities (Elliott & Schewchuk, 1998; Robinson-Whelen, & Rintala, 2003). Outside of the family circle, informal, indigenous care providers come in the form of nonprofessionals and paraprofessionals including spiritual leaders who may voluntarily provide forms of counseling to help the people with disabilities cope with their disability or provide family therapy to members of their families directly impacted by the disability. In rural communities of developed countries including the United States, family members have long assumed the role of paraprofessionals in providing care, coordinating services, and making appointments for those with disabilities and chronic illnesses.

Although rural communities are heterogeneous, they all have some natural strengths based on cultural trends that are common across rural communities in the United States. Among those are a commitment to family, religion, and to faith and social communities (Kane & Ennis, 1996). However, much of the research done pertaining to rural areas has consistently confirmed the challenges of people with disabilities in those areas and commonly highlighted deficits in almost all of the studies. Unfortunately, many studies simply describe the deficits or document the disparities in quality of life or vocational outcomes between urban and rural areas without exploring how the situation could be improved. More importantly, few if any studies focus on the natural strengths of rural areas and their impact on the people with disabilities who live there, in particular how those strengths can compensate for the deficits in formal VR services, including the absence of VR counselors. (See Chap. 7 for discussion on resilience and strengths of rural communities.)

The potential availability of indigenous volunteers and lay people willing to assist individuals with disabilities in various capacities is one of the greatest strengths in rural vocational rehabilitation. Through those indigenous supports, rural lay people can play many different roles in the rehabilitation of individuals with disabilities including companion, transporter, interpreter, or aide, either as the sole support or by supplementing support services provided by the individual's family. Other indigenous supports in the form of lay helpers may include the individual's spiritual leader such as a pastor or rabbi or spiritual healer such as a medicine man or shaman. Nevertheless, even with those supports being available, challenges do exist in rural areas pertaining to the availability of services and service providers.

Based on a review of literature, there is no indication that the field of rehabilitation counseling currently utilizes indigenous volunteers, lay people, or paraprofessionals in the provision of services to people with disabilities in any context. It must be noted that New York's ACCESS-VR program and VR agencies in two or three other states employ VR Counselor Assistants (VRCAs) to assist rehabilitation counselors with some of their duties including administrative and routine communication tasks such as paperwork, record keeping, and scoring assessment tests. Those VRCAs are required to have at least a bachelor's degree or 4 years of qualifying experience. Essentially, those counselor assistants are full-time paid employees who do not provide any VR services directly to clients and are, therefore, significantly different from volunteer paraprofessionals discussed in this chapter.

Rural Challenge that Supports Use of Indigenous Paraprofessionals

Residents of rural areas have and continue to have barriers to education, healthcare, substance abuse treatment, transportation, housing, employment, and other resources. A combination of these factors

has rural VR clients at a significant disadvantage compared to their urban counterparts. In addition, people living in rural areas do not have adequate numbers of service providers that could give them access to services in a timely manner. In this section, we discuss challenges in rural communities that support the argument for using community or indigenous volunteers and paraprofessionals.

Lack of Qualified Personnel

The shortage of qualified personnel in rehabilitation counseling and other health and human services professions has existed for decades. Over 50 years ago, Salomone (1970) and Pearl and Reissman (1965) described a serious shortage of rehabilitation counselors, which was predicted to worsen with time. Today, that shortage is a reality and is aggravated by cuts in federal and state funding, which has resulted in a decrease in the number of qualified rehabilitation counselors in state agencies. Unfortunately, the decrease has coincided with an increase in the numbers of people with disabilities due in part to more disabling injuries sustained in Iraqi and Afghanistan wars and higher survival rates among those wounded veterans. In addition, workplace injuries, vehicle accidents, addiction-related behaviors, and environmental hazards have further contributed to that increase.

Caseload Size

Counselors in rural areas often have large caseloads because of having to cover larger geographical areas, requiring them to travel to rural areas in order to meet with clients. Further, large caseloads typically preclude VR counselors from spending much time with their clients (Arnold & Seekins, 1997, 1998; Rigles et al., 2011) or establishing and sustaining rapport, factors that generally contribute to the development of a strong working alliance between counselors and clients (Lustig, Strauser, Rice, & Rucker, 2002) and consequently to positive vocational outcomes. The absence of these factors as dictated by time and distance in the case of rural clients means that counselor caseload sizes may lead to higher client attrition in rural than urban areas.

Types of Disability

Although the lack of services affects all people with disabilities who reside in rural areas, the dearth of resources is especially pronounced for those with mental health-related disabilities. As several studies have found, people with severe mental illnesses are not only disproportionately represented in poor rural areas but are also significantly underserved in comparison with those in urban areas who typically have more services within their reach (Wagenfeld, Murray, Mohatt, & DeBruyn, 1997; Kane & Ennis, 1996). For people with severe mental illness in rural areas, the lack of adequate services leads to functional deficits that interfere with their ability to perform their activities of daily living, diminish their social functioning, and limit their vocational functioning, thus propagating the cycle of poverty and illness. (See Chap. 26 for information on mental health issues.)

Timeliness of Services

The amount of time it takes for persons with disabilities in rural areas to receive services is a contributing factor to their premature exit from services. According to Lustig, Strauser, and Weems (2004), out of the 50% of VR clients who discontinue services prematurely, a significantly high number of them are clients who reside in rural areas. For example, Johnstone et al. (2003) found that among all clients with TBI diagnosis, 79% of rural clients prematurely discontinued services compared to 52% of urban clients.

Linking

Indigenous paraprofessionals serve as links between the client and the professional or agency in charge of providing rehabilitation services; essentially bridging gaps that may exist between the two entities (Chopra et al., 2004). Whether

the gap is cultural, linguistic, or geographical in nature, the paraprofessional as an indigenous member of the population in need of the services connects the two sides ensuring a mutual understanding of each other and of the common goal. It helps, therefore, that the paraprofessional is able to communicate freely with the client and for him or her to be perceived by the client as having mutual interests. That being said, an effective paraprofessional functions not only as a member of the recipient community or group but also as a member of the provider agency, in this case the state VR system. Clarity and transparency in these dual roles (identification with and responsibility in both community and agency) are crucial to the success of the paraprofessional. If a paraprofessional loses identity or acceptance in either side, his or her utility as a bridge between the two sides is significantly compromised.

In cases where the client is significantly different from the VR counselor's in culture and language, as is often typical with non-English-speaking Hispanic or immigrant and refugee clients, the indigenous paraprofessional is particularly vital. Besides, using paraprofessionals to reach cultural or linguistic minorities in urban, suburban, or rural settings not only increases provision of services to those people but also helps make the rehabilitation institution more multicultural (Keune & Gelauff-Hanzon, 2001) as it expands and diversifies its reach among individuals from ethnic minority cultures. Studies on refugees and immigrants with disability have consistently found that language is the single most significant barrier to their accessing health and rehabilitation services.

Service Provision

Arguably, the primary role of the paraprofessional is providing VR services to the individual with a disability. Acting on behalf of the VR counselor, the paraprofessional meets with the client or otherwise maintains communication on a regular basis; staying abreast of all developments in the client's rehabilitation. In that function, the paraprofessional ensures that the client receives, in a timely manner, services that would otherwise not be provided to him or her due to unavailability of the rehabilitation counselor. Those services may include some forms of vocational assessment that do not necessarily require administration by a trained professional. These include vocational work sample batteries and simple academic aptitudes tests. The paraprofessional could also help facilitate or provide guidance on self-administered vocational aptitudes and interest inventories and career guidance tests. However, the question remains as to the qualifications and credentials required of personnel in the provision of VR services. What is your response to that position? (See Discussion Box 37.1)

Discussion Box 37.1
Vocational rehabilitation services are typically provided by qualified rehabilitation counselors who are trained and, in most cases, certified to work with individuals with disabilities. With that in mind, it can be argued that placing VR clients in the hands of volunteers and paraprofessionals is a violation of rehabilitation counseling principles and minimal standards to be VR counselors and should never be allowed. Discuss, presenting your opinion supporting it with information from this chapter and elsewhere.

Currently, job services for most of state clients are provided by job development and placement specialists, many of whom are located in urban areas. These services are therefore largely out of reach for most VR clients in rural and frontier locations as are the services of rehabilitation counselors. Utilization of indigenous volunteers and paraprofessionals in the provision of job development, placement, job coaching, and supported employment activities has the potential for increasing the chances of employment for rural VR clients. Indigenous people in this case have the advantage of knowing the local areas, the places where employment is available or where

jobs could be created, as well as self-employment opportunities that the client could realistically engage in.

Advocacy

Another significant function paraprofessionals can assume is that of aide, representative, or advocate, speaking for people with disabilities in matters where they may not know their rights, where their rights have been violated, or where they are not able to speak for themselves. As an integral member of the client's community, well aware of the client's and the community's limitations and also aware of what resources are available within the agency, the paraprofessional is suitably placed to represent the client's interests in public and nongovernmental agencies. He or she is the one to whom the client turns to for help in finding needed services and in sorting out the complex service maze (Reiff & Riessman, 1965; Smith, 1973; Yeh, Hunter, Madan-Bahl, Chiang, & Arora, 2004). As an advocate the paraprofessional can function as a liaison between agencies that provide services from which people with disabilities could benefit, ensuring that the client takes full advantage of any and all available services in support of his or her overall rehabilitation. If similar services are available from multiple agencies, the paraprofessional helps the client in identifying the one that is most suitable for his or her functional ability and that offers the most benefit for him or her.

In instances where services are stated to be unavailable for the client, and where the client would otherwise have settled for that response, the paraprofessional follows up with the agency to find out why the client is ineligible and what needs to be done for him or her to qualify for the particular services. Oftentimes, disqualification from services results from minor policy complexities and bureaucratic red tape that requires time, tact, and patience to navigate or negotiate, which some people with disabilities may not have skills for and for which the VR counselors may not have time. In the advocacy role, the paraprofessional, either individually or collaboratively with the person with a disability, challenges the status quo on behalf of the person with a disability and asks "why" or "why not" questions to personnel at service agencies in response to unavailability of services, physical inaccessibility in the client's environment, etc., thus helping eliminate barriers in the rural client's vocational or other rehabilitation.

Advantages and Benefits of Utilizing Volunteers and Paraprofessionals

A major advantage of using indigenous paraprofessionals is that they are more likely to be accepted by the client and community than urban-based RCs who could be seen as outsiders coming to impose their urban ideas. Moreover, they help eliminate the amounts of time that RCs would spend learning about the community and establishing rapport with its residents (Zambone & Suarez, 2010). Additionally, utilizing paraprofessionals during the introduction and implementation of a program increases the chances for comprehension, participation, and completion by the target group, in this case individuals with disabilities (Keune & Gelauff-Hanzon, 2001).

While the use of paraprofessionals in the field of VR might sound foreign in the United States, the concept has been in existence for many decades globally, where vocational rehabilitation paraprofessionals are actively involved in assisting people with disabilities. This is especially true in developing countries in Africa, Asia, and South America where paraprofessionals help to extend services to geographically remote areas and to underserved populations such as ethnic minorities (Brawley & Schindler, 1989; Mpofu et al., 2007). An enduring shortage of trained rehabilitation professionals in those countries coupled with transportation and communication difficulties significantly limits the provision of rehabilitation services to people with disabilities in nonurban areas which in some developing countries can mean almost the entire country. As a practical step toward decreasing the disparity between services

for people with disabilities in urban areas and those in "hard to reach" rural areas, auxiliary personnel with minimal training are routinely utilized to perform some tasks that are normally performed by vocational rehabilitation professionals. For example, in some sub-Saharan countries where rehabilitation counselors are universally unavailable, rehabilitation services for people with disabilities are provided by community health workers with no formal training in rehabilitation counseling (Mpofu et al., 2007).

Although, admittedly sub-Saharan Africa bears little resemblance to rural America, the lack of qualified personnel in both areas has the same negative effect on people with disabilities. It is therefore worth the while to look at approaches that have worked there and in other parts of the world and consider if they could be applied in rural or frontier areas of the United States. A viable approach would be recruiting indigenous people such as retirees from teaching or other human service occupations and providing them with brief training on basic (technical) skills. Ideally, the indigenous nonprofessional would operate at the local community level, working with people with disabilities within a rural area proximal to his or her residence, serving as a liaison between them and state VR professionals and related service providers, and as an advocate for the client.

Paraprofessional Skills

Because paraprofessionals do not undergo full education or training as rehabilitation counselors, degrees or certificates do not apply as criteria for their selection. Instead, an individual's interest and motivation, as well as his or her personality, are the primary considerations. However, some experience in working with people in a human service-related field such as education, social work, faith ministry, healthcare, or law enforcement is an important asset. Presumably, volunteer paraprofessionals with work experience in those areas already have the basic interpersonal skills necessary in being a successful paraprofessional in the rehabilitation field. Skills such as friendliness, sociability, counseling and relationship-building skills, ability to provide support and set appropriate boundaries, confidentiality skills, communication skills, and service coordination skills should be among the primary minimum skills expected of paraprofessionals (Eng, Parker, & Harlan,1997; Kilpatrick, Stirling, & Orpin, 2010).

The paraprofessional's level of education should be high enough for him or her to be able to read and comprehend information pertaining to disabilities and rehabilitation processes. At the very least, the paraprofessional's education should be comparable to or higher than the level of the target population group (Keune & Gelauff-Hanzon, 2001). Irrespective of the geographical setting, in cases where the target population cannot communicate in English, the ideal paraprofessional is one who is able to speak the official language (English) and the client's native language. In order to be effective, a paraprofessional must be able to demonstrate authoritative posture in interaction with clients and service providers. That authority should be drawn from character, life experience, and status within the target group or community (Keune & Gelauff-Hanzon).

Paraprofessional Training

In order for volunteers to be effective in serving people with disabilities, they would need to be provided with some form of introductory training aimed at familiarizing them with the scope of activities or tasks that they will be performing for people with disabilities. In the absence of that, the services will be fragmented and disorderly as each volunteer proceeds to do what he or she perceives to be best for the client. Also, without training, paraprofessionals are likely to perceive their role as unimportant to the VR agency and probably not take it seriously. More importantly, initial or in-service training essentially creates the opportunity for the paraprofessional to meet with the rehabilitation counselor. Absence of that training and contact might lead to low morale, dissatisfaction with the volunteer experience, and even lead to high turnover (Mackenzie, 2011). An introductory training session at the beginning

as well as short in-service sessions will help to clarify the volunteers' roles, essentially informing them of what they can and cannot do in the realm of VR services for people with disabilities.

In countries where paraprofessionals are widely used, volunteers or paid nonprofessionals are provided with basic in-service training at a central location or by a traveling trainer (Maynard, 2007; Mpofu et al., 2007). With proper planning, that model is applicable in the United States with or without modifications. In that setting, a trainer such as a qualified rehabilitation counselor could travel to a rural area and provide a one-day seminar to a number of volunteers at a central rural location. One advantage of taking the training to the community is that it increases buy-in and provides the community with a sense of ownership. Alternatively, the VR agency could pay paraprofessionals to travel to its offices for the initial training. Ideally, volunteer paraprofessionals should be provided with an initial one-day training prior to their starting to work with people with disabilities. Thereafter, in-service training would be provided on a regular basis every two or three months during which volunteers can meet with the trainer and with other volunteers and have an opportunity to share ideas. The in-service sessions could be less frequent than every two or three months, but by no means should they be discontinued. Supplemental training if needed could be provided via Internet where available and/or by postal mail.

The initial one-day training should be designed to prepare the new paraprofessional for working with the individual with a disability and should include important information such as how to maintain confidentiality and privacy of client information, professional ethics, and the paraprofessional's role, responsibilities, and limitations. The paraprofessional's dual function as the client's support, peer, helper, and advocate and also as a part of the VR agency should be clarified during this training session. The goal is for the paraprofessional to understand that although he or she may discuss personal information with the client, he or she is professionally and even legally expected to keep the information confidential; sharing it only on a need-to-know basis with those who need it in order to provide services to the client, such as physicians or therapists.

During the training the paraprofessional could also be briefed on professional ethics especially pertaining to inappropriate dual relationships. Specifically, the paraprofessional should be clearly warned against some serious ethical violations such as being romantically involved with the client or engaging in financial dealings with him or her. Additionally, paraprofessionals will be advised on maintaining good faith in their relationship with the client, refrain from being judgmental, and avoid imposing their personal, moral, or religious values on the client. As part of the initial training, paraprofessionals could be given a handbook containing a basic code of conduct for paraprofessionals, information on the ADA, clear guidelines on their role and responsibility, and all contact information for the agency and any other resources. In addition, information on general and/or a specific disabling condition should be provided as needed by the paraprofessional.

Paraprofessional Duties

Since no formal training is provided, paraprofessionals are likely to underestimate or overestimate the scope of their duties. It is therefore important that the paraprofessional, the client, and the VR counselor share a common understanding of the paraprofessional position's capacity. To that effect, the volunteer paraprofessional's essential job functions should be clearly outlined in a formal written job description, which will help to clear the confusion or ambiguity. Typical duties of the paraprofessional would include initiating and maintaining contact with people with disabilities and the rehabilitation counselor; case finding; assessing client interests, needs, and assets; advising; supporting; and advocating for the client. As a resident of the rural community and being geographically close to the individual with a disability, the paraprofessional is best situated to meet with the client as needed to review the rehabilitation plan, discuss developments and progress made toward the goal, as well as sched-

ule activities and set deadlines for their completion. At other times, the paraprofessional contacts the client by phone or in person to remind of upcoming appointments or to follow up on past appointments to determine the outcome. Where applicable, the paraprofessional may accompany the person with a disability to job interviews or medical appointments. The paraprofessional then forwards the information to the rehabilitation counselor telephonically or in writing. Through conversation with the client, the paraprofessional determines issues that may be impeding the rehabilitation progress including the client's family issues or environmental accessibility problems. The paraprofessional plays the role of advisor and mentor to the client helping him or her resolve the problems and refocusing him or her to the rehabilitation goals.

Occasionally acting as intermediary, the paraprofessional advises changes in the client's rehabilitation plan based on circumstances unique to the rural setting which the rehabilitation counselor may not be familiar with. As an example the paraprofessional may on behalf of the client request special consideration for additional time to complete certain activities contained in the job search plan which may be modeled for the urban setting. Alternatively, the paraprofessional with firsthand information on the job situation in the rural area may discuss self-employment options with the client and request allowance for a nontraditional vocational plan from the rehabilitation counselor including special funding arrangements different from the standard job placement plan funding.

Also, as a resident of the rural area, the paraprofessional is in a good position for identifying people with disabilities who are not aware of VR services and referring them to the VR office. By making his or her role known within social and religious communities, the paraprofessional becomes the contact person for anyone who has a disability or who knows of someone with a disability residing in the most remote areas of rural communities. More than that, the paraprofessional as a case finder proactively seeks information on any people known to have disabilities in the community and arranges to meet with them to determine the nature of their disabilities and potentially refer them for VR services. It is important to note that the paraprofessional will be respectful of the person's privacy. At the minimum, the paraprofessional's primary duties and tasks should include those described in Table 37.1.

Paraprofessionals can play an important intermediary role bringing together people with disabilities in rural and frontier regions because they are able to connect with and be respected by the target groups while maintaining contact with VR counselors. Essentially, paraprofessionals can raise basic awareness of people with disabilities in rural and isolated areas, educating them of their opportunities in society and in the labor market. According to Keune and Gelauff-Hanzon (2001), paraprofessionals have been successful at "break-

Table 37.1 Paraprofessional primary duties

Identify people with disabilities not receiving services and educate them on available services in their communities
Guide people with disabilities on how to apply for state VR services
Communicate and collaborate with the rehabilitation counselor on client's circumstances, unique to his or her rural setting
Conduct basic assessment of clients including basic literacy skills when needed
Apprise rehabilitation counselor of rural area issues that rehabilitation counselor may not be aware of
Periodically check on client to discuss progress and keep motivated toward goals
Contact local employers to discuss potential employment opportunities for a specific client
Enlighten employers on benefits of hiring people with disabilities
Discuss supported employment with employers and with the individual with a disability
Discuss with employers potential job accommodations for people with disabilities
Assist the person with a disability with identifying volunteer or paid work opportunities in the community
Coach people with disabilities on how to present at job interviews
Serve as job coach in supported employment cases
Raise awareness of the needs of people with disabilities to community leaders
Advocate on behalf of the person with a disability on matters pertaining to community services and on accessibility issues

ing the individual's isolation and stimulating them to participate in society" (p. 100). Ideally, paraprofessionals and rehabilitation counselors can collaborate to guide the person with a disability in the rural areas to the world of work.

Challenges Associated with Utilization of Paraprofessionals

In the preceding pages of this chapter, we have presented utilization of indigenous volunteers and paraprofessionals in the service of people with disabilities who reside in remote rural areas of the United States. As presented, this concept could very well be the only viable solution to the dilemma of providing VR services to that underserved population, especially given the current economic situation manifested by ongoing significant reductions in government funding to state VR agencies. Engaging rural retired professionals is indeed a win-win situation for all stakeholders. We would be naïve, however, to assume that no problems could emerge with that mutually beneficial arrangement.

Ethical Challenges

As with any setting involving human relations and interactions, there are many ethical and legal issues pertaining to using volunteers in the VR field. In fact, rural settings present ethical challenges different from those of urban areas (Nelson, 2010) due to the smaller populations in the communities, closeness of the people, higher rate of family relationships in the communities and a culture of helping one another, and therefore wanting to know more about one another. Because of these characteristics, Boisen and Bosch (2005) suggested that dual relationships are inevitable in rural areas. Although rehabilitation counselors, social workers, healthcare providers, and other human service providers are bound by ethical codes of conduct, volunteers are less so. Individual organizations may develop a code of conduct for volunteers, but no such code currently exists for volunteers in rehabilitation counseling. In the rural setting, ethical issues pertaining to counselor/client relationships are more pronounced and pose an even greater challenge to the volunteer paraprofessional who is a part of the community. Those issues comprise two primary areas, namely, those pertaining to injury or harm caused to the client by the volunteer and those related to harm to the volunteer.

Harm to Client

Most volunteers are good, morally upright, and well-intentioned people. Even so, the potential exists for them to inadvertently cause harm or injury to the clients that they volunteer to assist. Volunteers are more likely to harm clients in subtle but equally serious ways such as disclosing their private health information contrary to HIPAA standards, discussing their case in public, withholding information that could potentially help the rehabilitation process, imposing their beliefs or values on the client, maintaining inappropriate dual relationships, or being romantically involved with the client. Ethical violations of that kind are probably more likely to occur with paraprofessionals due to their not being as familiar with ethical guidelines as rehabilitation counselors who typically have had education and training on professional ethics.

Though highly unperceivable, harm could also come in the form of sexual or other forms of harassment, negligence, emotional stress, or, in extreme cases, assault or battery. In such cases the organization (VR agency) could be vicariously liable for the harm based on the premise of negligent hiring or retention which essentially means that the organization knew or should have known that the individual has some tendency to cause harm to others but did not do anything to prevent it (Shanlever, 2014). For that reason, due care will need to be taken in the recruitment and selection of volunteers to ensure that the risk of harm to the client is maximally diminished. An important step is to adequately screen volunteer applicants and to not utilize any individuals whose character or legal history is unclear.

Harm to the Volunteer

Although the volunteer is not expected to perform any physically demanding tasks which potentially carry a higher risk for physical injury, it is possible for injury to occur on the way to a meeting with the client, while at the client's home, or while at a job site for the purpose of meeting with an employer or in providing job coaching service for the client. In anticipation of such events, matters pertaining to liability will need to be clearly addressed at the recruiting stage and documented in introductory and training materials so that the potential volunteer can understand that the VR agency will not be responsible for such injuries, before they sign up. It should also be made very clear what duties the volunteer is expected to carry out and those that he or she is not to perform, hence the need for an unambiguous job description. This will help decrease the chances of the volunteer performing potentially risky activities while working with the individual with a disability.

According to Fair Labor Standards Act (FLSA) Advisor, volunteers, unlike employees, are not covered under workers' compensation or any other insurance provided by the organization. In the same token, a volunteer cannot successfully sue the organization for injury sustained while working for it except in cases involving gross negligence, recklessness, or willful misconduct (Shanlever, 2014) on the part of the organization.

Confidentiality

The paraprofessional is to be aware that even though issues pertaining to the person with a disability are casually discussed in social circles within the community, a counselor-client relationship exists between the paraprofessional and the person with a disability, and therefore he or she cannot participate in any social discussions about the client. This can be difficult to define, especially if the person with a disability freely shares his or her information, personal or otherwise. The volunteer paraprofessional is to clearly understand that the interest or curiosity of members of the community about the client's rehabilitation status, including the interest of well-wishers and those related to the person with a disability, is not a valid reason to breach confidentiality. In the same token, the paraprofessional is to understand that it is unethical to take on a role or responsibility or attempt to implement an intervention for which he or she is not qualified (Nelson, 2008; Rude & Whetstone, 2008). Maintenance of ethical standards is vital to supporting human rights and, by extension, promoting civil rights and diminishing social inequities.

Legal Challenges

In general, community service agencies and their volunteers are not liable for actions performed while participating in the service program unless those actions are seen as willful and wanton misconduct or gross negligence. Likewise, volunteers are generally protected from being sued by clients. According to the Volunteer Protection Act (VPA) of 1997 (Runquist & Zybach, 2001), a volunteer cannot be liable for actions that occur within the scope of his or her authority as a volunteer for the organization. The Act prevents an individual who files a lawsuit from recovering any punitive damages from a volunteer.

When considering implementing a paraprofessional or indigenous volunteer program, an agency should develop a volunteer agreement and code of conduct. Such a policy should contain certain components (see Table 37.2). This agreement and code are designed to protect all involved parties. In addition, the agency should be prepared to address legal concerns and potential liability that may arise in the use of paraprofessionals and indigenous volunteers.

Certain precautionary measures should be taken in the use of paraprofessionals and volunteers. While acknowledging that it is not possible to guarantee that no ethical or legal problems will ever occur with volunteers and paraprofessionals providing services to rural people with disabilities, several steps can be taken to ensure that the chances of such occurring are significantly decreased. The most important preventative steps occur before the individual begins volunteering

Table 37.2 Components of volunteer agreement and code of conduct

Purpose of volunteer policies
Definition of volunteer
Mandatory service
Volunteers under age 18
Service at the discretion of the agency
Representing the agency
Confidentiality
Screening/reference/background checks
Copyright/ownership issues
Contacting other volunteers
Inappropriate communications
Online safety
Antivirus software
Ending your volunteer role
Dismissal as a volunteer

Adapted from Lynch & McCurley (2006, reprint) and Graff (1996)

for the organization. First and foremost, the requirements of the volunteer position should be listed in recruitment brochures or other enrollment materials so potential volunteers can be aware of them before they decide to volunteer. Information on prohibited interactions or relationships with clients could also be included in those materials to discourage those who may have inappropriate motivations for volunteering. Additional screening of potential volunteers can be completed via formal in-person interviews during which additional questions can be asked and the positions more fully discussed. Once accepted into the organization, the volunteer should be provided with written standards of conduct. Preferably, those rules and standards should be compiled into a volunteer's handbook.

According to Shanlever (2014), an effective way to prevent legal problems is to have all potential volunteers complete a formal written application form for the volunteer position, similar to those for formal paid positions. The application should contain a clause warning against providing false information and the consequences and require a listing of all previous education and employment; a declaration of any arrests, misdemeanors, or felony charges; previous addresses; social security and driver's license numbers; and a list of character references.

Paraprofessional Attrition

An additional challenge of utilizing paraprofessionals pertains to attrition. As nonpaid workers and therefore without an employment contract binding them to the job, volunteer paraprofessionals can stop volunteering at any time they choose, leaving the person with a disability without support. This can create uncertainty in the rehabilitation plan of the person with a disability. Studies on paraprofessional turnover and retention (Farmer & Fedor, 1999; Ghere & York-Barr, 2007; Giangreco et al., 2001) indicate that lack of support is the primary reason for paraprofessional turnover. Lack of or inadequate orientation and training is another commonly cited cause for paraprofessional withdrawal from their positions. Besides providing valuable information and skills, formal orientation leads to a higher level of morale among paraprofessionals as they perceive themselves as being respected and valued (Giangreco et al.). Paraprofessionals who see themselves as playing an indispensable role in the rehabilitation process and as making a difference in the life of the individual with a disability are more likely to continue volunteering than those who perceive themselves as unimportant or somewhat disconnected from the formal rehabilitation system. Furthermore, the dedication or impact of a person with a disability serving as a paraprofessional should be considered (see Case Study).

Case Study

Robert is a 34-year-old Caucasian who lived in an urban area where he worked as an accountant for a fast-growing corporate accounting firm. He joined the company after graduating with an MBA in 2005. In the summer of 2009, 1 month before his wedding, he was walking to his car at a local casino when he was attacked by three men, resulting in intracranial bleeding that left him with a permanent brain injury and loss of vision in his left eye. After months

of cognitive rehabilitation, he tried to return to work, but he was clearly unable to perform his duties, and he was terminated from the job with severance pay. In the meantime, his fiancé was no longer interested in marrying him and had moved on.

No longer able to drive and without a job, Robert applied for SSDI and welfare benefits, which he was granted. He continued living in the city while working with the state VR office with the hope of finding a job consistent with his disability. In early 2014, his parents who live on a farm visited him, and when they realized that he was unable to cook or clean and that he was spending all of his money on fast food, taxis, and cleaning services, they advised him to move back in with them on the farm where they could assist him with activities that he was no longer able to perform. Robert would like to return to some form of employment. He contacted the VR office covering his home area and inquired about becoming a paraprofessional working with others with disabilities.

Questions

1. What are the considerations of hiring Robert as a paraprofessional?
2. Do you see any ethical issues?
3. How would you conduct the interview with Robert?

Limitations and Implications for Future Service Delivery

As previously mentioned, there is no indication that the field of rehabilitation counseling currently utilizes volunteers or paraprofessionals or has done so in the recent past. Likewise, there is no recent research on this concept and therefore no current evidence on the effectiveness of paraprofessionals in this particular field. The only empirical studies available on the subject (Crisler, 1973, 1976; Mitra et al., 1974; Sawatzky & Paterson, 1982) are considerably dated, and notably, those studies reported paid paraprofessionals in rehabilitation counseling as having been highly effective (Brown, 1974; Hattie et al., 1984; Hoffman, 1976; Kase, 1972; Mitchell, 1971). Yet, there are no perceivable reasons why the same model could not be successfully implemented and yield a similar level of success in response to the unmet rehabilitation needs of rural people with disabilities. However, care would need to be taken to see that modifications are made to the typical VR protocols to accommodate circumstances that are unique to the rural setting.

Even as the idea presents as a potential solution to the current lack of services for many rural-based people with disabilities, it is not without limitations. For one, there is no certainty that qualified volunteers and lay people can be available in every rural setting who could be recruited and trained to serve as paraprofessionals in the rehabilitation counseling field. More importantly, establishing a volunteer program as suggested in this chapter requires funding which may not be readily available given the fiscal constraints that have led to the decrease in services to people with disabilities. As it is, many states have resorted to an order of selection based on severity of disability in order to conserve funds. It is perceivable that those states may not be amenable to the idea of funding a volunteer recruitment program.

Another limitation pertains to the availability of personnel who would design and organize the program including the development of recruitment and training materials since rehabilitation counselors may not be able to perform those functions because of the large numbers of cases that they typically have to manage. Though the program may prove to be beneficial in the long run, the initial cost of setting up a volunteer program could be prohibitive in terms of materials and staff. Further, the training of volunteers, albeit brief, could present additional responsibilities to rehabilitation counselors already overwhelmed by large caseloads.

We can hypothesize that given the current general sentiments of master's level rehabilitation counselors regarding the utilization of bach-

elor's level rehabilitation counselors to serve in the same capacity, as dictated by the Comprehensive System of Personnel Development (CSPD) currently being implemented in some states, the introduction of volunteers will most likely not be well received among masters or even among bachelor's level rehabilitation counselors. In addition, rehabilitation counselors might challenge the qualifications and competencies of paraprofessionals and indigenous volunteers to perform these tasks. Such attitudes on the part of trained professionals could negatively affect the training of volunteers, which is essentially provided by trained rehabilitation counselors, and the quality of communication and cooperation with paraprofessionals, which could eventually decrease the amount and quality of services provided to the rural clients with disabilities. The ideal scenario would be for state VR agencies wishing to implement this model to establish a department within its system that is manned by a few volunteer trainers. Understandably, that may not be easy as it may require legislation at the state level.

Summary

This chapter has presented the notion that utilization of indigenous lay people as paraprofessionals to provide services for people with disabilities could potentially reduce, at least in part, some of the current problems with the provision of rehabilitation services for people with disabilities in RFT areas of the United States. This approach has been successfully applied in many parts of the world in developed and underdeveloped countries to provide services to geographically distant and culturally different consumers of health and human services who would otherwise be marginalized and underserved. Perceivably, the model could effectively serve the same purpose in the United States where a significant percentage of people with disabilities reside in rural areas. The approach holds promise for leveling access to VR services in this country, which currently advantages urban-dwelling people who have disabilities. In addition, the approach circumvents the need for substantial additional funding to provide services to this underserved population. In order for the approach to be effective, concerted effort would need to be made within state VR offices to set up a system of recruiting volunteers from rural areas where people with disabilities reside, selecting those who meet set criteria and providing them with basic training in serving people with disabilities.

Resources

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Learning Exercises
Self-Check Questions

1. What are advantages of using paraprofessionals and indigenous volunteers in rural, frontier, and territory communities to provide rehabilitation counseling services to people with disabilities?
2. How early were paraprofessionals used in the United States? In which discipline?
3. How have paraprofessionals been used in various parts of the world?

Experiential Exercises

1. Interview a rehabilitation counselor, regional supervisor, or executive director to assess their attitudes and perceptions about using paraprofessional and indigenous volunteers in rural areas to assist in provision of services to people with disabilities.

2. Develop a plan to recruit paraprofessional and indigenous volunteers in a rural, frontier, or territory area.
3. Develop a code of conduct for paraprofessionals and indigenous volunteers.

Multiple-Choice Questions

1. What is the primary reason for utilizing volunteers and paraprofessionals in vocation rehabilitation services in rural area?
   (a) To save money
   (b) To serve underserved people with disabilities
   (c) To obtain interpreter services
   (d) To provide transportation to clients
2. Which of the following will proper orientation and training allow volunteers and paraprofessionals to perform?
   (a) All VR counselor case management duties
   (b) To understand what VR counselors do
   (c) To handle all cases with caution
   (d) To reduce the chances of ethical mistakes
3. Which of the following is the most important step in the process of enlisting volunteers and paraprofessionals?
   (a) Screening
   (b) Introduction to client
   (c) Orientation
   (d) Meeting the supervisor
4. Which of the following is an advantage of utilizing volunteers and paraprofessionals?
   (a) Know more about the client's disability
   (b) More likely to be accepted by the client
   (c) More likely to be related to the client
   (d) Can easily travel between the counselor and client
5. Which of the following is the most important reason for considering utilizing nonprofessional volunteers and paraprofessionals?
   (a) Eventually will replace the VR counselor
   (b) Bridge the gap between VR counselor and the client
   (c) Ensure the client is kept busy with vocational activities
   (d) All of the above
6. Which of the following became a disincentive to employ paraprofessionals in rehabilitation counseling?
   (a) Economic recovery
   (b) RCs felt threatened
   (c) Career ladder procedures
   (d) All of the above
   (e) None of the above
7. Which of the following is the definition of paraprofessionals?
   (a) People who work in a profession in which they have received formal training
   (b) People who perform emergency duties for a professional organization
   (c) People who work in a profession in which they have not received training
   (d) People who work in a profession in which they have not been tested
8. The existence of paraprofessionals and indigenous volunteers is considered which of the following of rural communities?
   (a) A weakness
   (b) A challenge
   (c) A strength
   (d) A deficit
9. According to the Fair Labor Standards Act, which of the following pertains to volunteers?
   (a) Are not covered by worker's compensation
   (b) Are covered by worker's compensation
   (c) Are not covered by a code of ethics
   (d) Are covered by insurance provided by the organization
10. Which of the following is recommended to prevent legal problems when hiring a volunteer?
    (a) Always Skype the applicant
    (b) Have a written application
    (c) Inquire of local residents
    (d) Keep a copy of driver's license on file

Key

1. B
2. D
3. A
4. B
5. B
6. D

7. C
8. C
9. A
10. B

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