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The Rehabilitation Community Legacy Project: The Oral History of Leadership

Michael J. Millington

Abstract

The importance of engaging the rehabilitation profession in the collection and utilization of its oral history is illustrated through an example. A transcript from an interview with William Emener provides a first person narrative of events leading up to the first national rehabilitation counselor training conference in Crystal City, Virginia. Themes of community emerge in the telling and are used to compare and contrast to current situations in the field. The reader is invited to participate in the Rehabilitation Community Legacy Project as an act of personal leadership.

The Rehabilitation Community Legacy Project: The Oral History of Leadership

The Rehabilitation Community Legacy Project is a new offering sponsored by the National Clearinghouse of Rehabilitation Training Materials (NCRTM). This project aims to preserve the artifacts of our history, honor those who lived it, and, most importantly, create a dialog with our past for the edification of future professionals. We are actively soliciting for personal and organizational collections in any medium for the archive, and the centerpiece of our efforts is the most precious of all—the oral history of our early leaders.

The profession of rehabilitation counseling was legislated into being in the late 1950s-early 1960s with the rise of professional training programs. As a result, our first generation of graduates entered into and grew through the profession *en masse*. Along the way they literally created the science and practice of rehabilitation counseling. The history of their actions in service, education, research, politics, and advocacy describes our identity as professionals; their stories tell us who we are, what we value, and how we came to be. Presently this generation of leaders is moving to the periphery of the field and into retirement. We at the NCRTM believe that collecting these stories in a first person narrative, before they are lost forever, is a community imperative.

William Emener was the first to complete an oral history for the project. The story he told was ostensibly about the origins of the first National Rehabilitation Counselor Training Conference, but more profound themes emerged in the telling. The "Crystal City Experience", as he called it, was essentially a constructive and proactive community response to external threats. It is this discovered sense of community-in-action that seemed so timely, given today's raft of crises, and revealed to me the stark importance of the Rehabilitation Community Legacy Project. I have asked for and received Dr. Emener's permission to reproduce much of the interview transcript (2008) to illustrate.

What was going on in society during those years and how did that impact rehabilitation service delivery?

During the 1970s and especially the 1980s, the technological/electronic age was ratcheting up—new gadgets and new appliances were coming out every day, many of which were extremely helpful to individuals with disabilities. Pharmacology also was rocketing upward—as if "there was a pill for everything." Compared to today, the economy was allowing for enhanced rehabilitation service delivery and the general public wasn't overtly squabbling about using tax dollars to assist people with disabilities, especially if it meant returning them to work. On the other hand, in spite of people's trust in President Reagan's attitude of, "Trust me, I'll take care of you," people's post-Watergate suspiciousness and lack of trust of government escalated and pushed "Reaganomics" to the point whereby the Missouri slogan of "show me" became the watchword of the day. Through the efforts of some tremendous leaders in what we called "the disability movement," individuals such as Mr. Justin Dart (who I believe picked up the reigns from the great Mary Switzer) energized the efforts of individuals with disabilities, and as a result people with disabilities and rehabilitation clients became more and more demanding of quality rehabilitation services. Thus, among other things, the whole concept of "Program Evaluation" jettisoned upon the American scene – especially in government. For example, state vocational rehabilitation agencies were under the gun – ala, "Prove to us that you are helping people with disabilities and that they are returning to work." And, by the way, state colleges and universities were in the crosshairs of that same gun. I also hasten to mention that as a result of some concerns about the continuing professional growth and development of rehabilitation counselors (e.g., "They completed their degrees five years ago and are not up to snuff on new advancements in counseling techniques and rehabilitation technologies,"), universities partnered with state vocational rehabilitation (VR) agencies in developing regional continuing education programs (RCEPs). Thus, while many efforts were afoot to continue to "certify" that rehabilitation counselors were "good," rehabilitation facilities also were under similar pressures to prove their worth (ala the emerging pervasiveness of the Commission on Accreditation of Rehabilitation Facilities [CARF] accreditation) and rehabilitation counselor education programs were being asked for similar proof (ala the escalating importance and power of the Council of Rehabilitation Education [CORE] accreditation). CORE was founded in 1971 to promote the effective delivery of rehabilitation services to individuals with disabilities by promoting and fostering continuing review and improvement of master's degree level RCE Programs. By the late 1980s, however, with society's enhanced attention to program evaluation, accountability and watchdog attitudes toward government and governmental spending, CORE was emerging with a new set of dentures (e.g., "If you're not CORE accredited, you may kiss your federal training grant goodbye.").

As a result of all of this, state/federal rehabilitation agencies (and facilities), as well as university-based rehabilitation counselor education programs, were feeling tremendous pressure to "produce a good product and/or good results *and prove it"* — and as I already have suggested . . . with the fear of a cut or loss of ones funding! The heat was on.

What were my observations and experiences?

Once this "show me—prove it" genre took hold and people were fearing a cut or loss of their state/federal funding, we saw a very natural initial response—finger pointing. For example, I heard state VR directors say things like, "How can we offer quality rehabilitation counseling services when the universities aren't turning out good counselors?" I heard rehabilitation counselor educators say things like, "We graduate excellent counselors—the agencies just don't know how to support, manage and supervise them." It wasn't pretty—people were scared and blaming each other.

In addition to my experiences at the state and national levels (some of which I mentioned earlier), there were enhanced regional activities that provided pro-active, solution-focused opportunities. For example, through the auspices and facilitation of the regional offices of the Rehabilitation Services Administration (RSA), RCEPs, university rehabilitation counselor education (RCE) programs, and the National Clearinghouse of Rehabilitation Training Materials, annual conferences among all of these entities began to emerge. For example, in the south (RSA Region IV (with the superb leadership of its Regional Commissioner at the time, Mr. Lewis Davis) for many years in the spring or early summer, we would gather in Gatlinburg, Tennessee essentially to address the over-arching question, "How we can better serve individuals with disabilities through better rehabilitation service delivery?". . . .In addition to working during the our Gatlinburg Conference's agenda activities, we—rehabilitation counselor educators, RCEP directors, state agency directors, deputy directors and their human resource (HR) specialists—also played golf, did some sightseeing and had dinner together. This was very important; I'll return to this later.

At the national level, people from different sectors of the rehabilitation landscape also were beginning to talk more cordially and openly with each other. For example, when Dr. Stan Smits and Dr. Richard Luck and I edited the first book on rehabilitation administration and supervision, we made sure that each chapter in the book was co-authored by a professor (a university-based rehabilitation educator) *with* a field-based practitioner (a state agency director, a deputy director, a manager or supervisor, a HR specialist, etc.). We affectionately referred to it as an "intellectual marriage." As a result, *people from across the isle* [sic] were talking to each other – focused on doing something proactive, something to improve the situation. Simultaneously and to some extent as a result, people were being invited into each other's camps. For example, rehabilitation counselor educators were being invited to give presentations at meetings of the Council of State Administrators of Vocational Rehabilitation (CSAVR, which is primarily composed of state VR agency directors), state VR agency directors and rehabilitation facility directors were being invited to make presentations at NCRE meetings, etc. And, now to return to what I said I would return to, instead of our counterparts being *one of them* ("those who were out to get us"), they became our friends.

Somewhere during one of our cocktail-lounge conversations at a convention, the idea of having such a happening at a national level emerged. To wit, in the spring of 1989 (at least that's when I think it was) with the direct and indirect involvement and excellent work of *CSAVR people* (state VR directors such as Mr. Peter Griswold from Michigan, Mr. Claude Meyer from North Carolina, Mr. Joe Dusenbury and Dr. Bob Brabham from South Carolina), *RCEP Directors* (such as Mr. Jim Stephens at the time at Georgia State University and Dr. Jimmy Miller at the time at the University of Tennessee), and *NCRE leaders* (such as myself, Dr. Don Dew and Dr. Don Linkowski from George Washington University, Dr. Jeannie Patterson at the time from Florida State University, Dr. Stan Smits from Georgia State University and Dr. Fred McFarlane from San Diego State University), we planned the first *National Rehabilitation Counselor Training Conference.*

Many cover letters and flyers announcing the Conference were sent out, followed by personal phone calls, trying to get people to attend (and remember—this was way before the Internet). Within a few weeks, however, reservations began pouring in—it even came to a point where people were becoming afraid not to be there, it was almost as if they were afraid that they'd miss something.

In addition to formal presentations, the Conference was replete with small interactive work-group and brain-storming sessions, as well as mix-and-mingle activities – all composed of combinations of rehabilitation counselor educators, RCEP educators, facility directors, and state VR agency directors and other VR staff.

The tangible outcome was the *Conference Proceedings* (which I had a copy of but now can't find—I must have lost it in one of my many moves and travels). In my opinion, however, the most important outcome was the intangible one: people arrived at the Conference ready to defend their agencies and programs "in case they were confronted by one of *them,*" BUT left the Conference with deeper understanding and appreciation of the challenges confronting their counterpart agencies and programs as well as genuine empathy for the leaders of such agencies and programs—their new friends. In spite of arriving at the Conference with our narrow-minded and self-focused "part of the problem" attitudes, we left with a collective "we all can be, and now are part of, the solution" attitude.... (pp. 3-9)

At a critical juncture in our history, the leadership of the profession came together across boundaries, eschewed petty politics, and created a community of practice that moved the field forward. The solution they crafted resonates in the present as we face challenges of diminished capacity (Chan & Reudel, 2005; Schultz & Millington, 2007), organizational fragmentation (Shaw, 2006), structural reorganization (e.g., RCEP structure), and regressive legislation. But where is that community of practice today? We seem to be fulfilling Santayana's axiom, "Those who do not learn from history are doomed to repeat it." This is not a good time to be moving in circles.

Progress comes from an efficacious reflection on past experience (Santayana, 1953). Community identity arises out of a shared history (Wenger, 1998). Thus a community grows through a disciplined investigation of the histories of its members. What if the leaders mentioned in this narrative engaged in an on-going dialog about the Crystal City Experience? Imagine them commenting one upon the other until they detailed every success and failure, every lesson learned. Imagine extending this dialog to applications in the present tense with the emerging leaders of the day. Imagine similar events across the spectrum of historical narratives and the rich contribution these dialogs could make to rehabilitation management, science, practice, and policy. Now imagine your role in this community enterprise. Community requires participation and we are all potential story tellers, scribes, and students. The Rehabilitation Community Legacy Project encourages anyone so inspired to step forward and volunteer in any suitable capacity, for that is the essence of leadership in a community of practice. Visit the NCRTM website for more information (http://ncrtm.org/course/view.php?id=39).

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