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Workforce Innovation and Opportunity Act Implementation:

Ethical Considerations for Counseling Practice

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Introduction

The Vocational Rehabilitation program exists to assist individuals with disabilities to attain, secure and benefit from employment. The purpose of the Workforce Investment Act of 1998 (WIA), which included the Rehabilitation Act Amendments of 1998, is to empower individuals with disabilities to maximize employment. The Act was reauthorized as the Workforce Innovation and Opportunity Act of 2014. The Act includes significant changes to rehabilitation service delivery including a stronger emphasis on services to youth and outreach to minority populations. Despite the changes, the Act is vague and does not include methods for implementation. Therefore, state rehabilitation agencies are left to interpret the legislation and implement procedures in order to ensure compliance. Without compliance to the federal law, states will be faced with financial penalties and funding for service delivery will be withheld. States will be held accountable with federal performance measures that have not yet been identified. Although the specifics for implementation of WIOA have not been defined, vocational rehabilitation counselors are guided by a Code of Ethics. In the absence of written federal guidelines, the Commission on Rehabilitation Counselor Code of Ethics can provide guidance and inform practice. Ethics allows the practitioner to examine his or her actions and decisions to comply with federal guidelines and service delivery.

Purpose

The WIOA has mandated important changes in the practice of vocational rehabilitation, including allocating portion of overall fiscal budget for youth services, collaboration school special education programs, and outreach to minority populations, but neither methods of implementation nor performance standards have been specified. This paper seeks to examine the ways in which professional ethical standards might assist in bridging the gap.
A discussion of the Workforce Innovation and Opportunity Act (WIOA) of 2014 and the changes to the legislation for service provision will be presented. Next, the current state of vocational rehabilitation services and the implementation of WIOA will be discussed as well as the relationship between the WIOA and cultural diversity. A discussion will follow concerning the ethics of WIOA including guidelines to inform counseling practice. Finally, a research project to address WIOA implementation is presented including information about a presentation given on these topics, as well as the results of an audience evaluation. The appendices include the PowerPoint slides from the presentation, a supervisor’s guide for discussing the ethical considerations with counseling staff, the survey, and the ethical scenarios included in the presentation.

**The Workforce Opportunity Act of 2014**

The Workforce Innovation Opportunity Act (WIOA) (Public Law 113-128) replaces the Workforce Investment Act of 1998 and amends the Rehabilitation Act of 1973. WIOA also amends the Adult Education and Family Literacy Act, the Wagner-Peyser Act. To understand the significant changes to service delivery with Workforce Innovation and Opportunity Act (WIOA) it is important to review the previous legislation, the Workforce Investment Act (WIA).

**History of Legislation**

The Workforce Investment Act of 1998 (WIA) which also includes the Rehabilitation Act Amendments was reauthorized in 1998. WIA provided changes in definitions to clarify service delivery. Competitive employment was redefined to competitive integrated employment in order for individuals with disabilities to participate in employment in the community and business and compensated competitively for work. WIA also redefined the employment plan from Individualized Written Rehabilitation Plan to the Individualized Employment Plan. WIA encouraged collaboration with educational programs to plan for meaningful employment, transition to adult life, technical and vocational career counseling and job seeking activities. The legislation defined specific criteria for
program assessment of the vocational rehabilitation program known as Standards and Indicators. State programs are required to meet the standards. Otherwise these programs are subject to sanctions that will result in increased oversight and audits including reduced funding.

The Workforce Innovation and Opportunity Act (WIOA) was greatly anticipated to reauthorize the Rehabilitation Act after 15 years of implementation. Despite the changes, the Act is vague and does not include methods for implementation. The standards for implementation will not be released until late 2016. Thus states are left to interpret the legislation. As a result there is a lack of consistency in implementation and increased opportunity for ethical concerns regarding service delivery and fiscal allocation. Further, the Act poorly defines pre-employment transition activities. For example, vocational rehabilitation counselors must attend Individualized Education Program meetings; however, they cannot count the travel time and funding for travel as pre-employment transition activities. The Act will require further clarification for the implementation and full intent of the legislation specifically for rehabilitation service delivery.

For vocational rehabilitation service provision under Title IV of WIOA, there is emphasis on customized employment, services to youth with disabilities, service provision for vocational rehabilitation, and measurements for outcome including moving from standards and indicators to performance measures. State programs are required to partnership with workforce development system in order to increase access to employment, education and training to support individuals with disabilities and youth with disabilities to prepare for and secure employment. WIOA encourages collaboration by developing a 1) one-stop delivery system, in which programs coordinate services, 2) VR agencies develop a Unified State Plan that includes partners and goals for preparing individuals with disabilities to obtain competitive integrated employment, 3) VR agencies work with employers to provide technical assistance on disability issues, and 4) VR agencies to work with employers to provide work-based learning experiences that prepare individuals and youth with disabilities for competitive
integrated employment, an 5)collaborate with school programs that educate students and youth with disabilities. WIOA also expands services to youth with disabilities by requiring states VR programs to allocate 15 percent of the total budget to pre-employment transition services to students with disabilities.

**Changing from the Department of Education to Health and Human Services**

The WIOA legislation changes the administration of specific programs from the Department of Education to the Department of Health and Human Services. The changes include the moving of the program for independent living to the Department of Health and Human Services. Further, this restructuring means a change to the National Institute on Disability Rehabilitation Research to a new title and administration. Through WIOA, the program has transferred to the Department of Health and Human Services and its title changed to the National Institute on Disability, Independent Living and Rehabilitation Research. Independent living is a person-centric focus on the person with the disability as the expert to the disability experience. Proponents view the change as a means to establish autonomy and support for Individuals with disabilities.

**Understanding the Significant Changes to Service Delivery**

WIOA has mandated a change in the approach for employment of individuals with disabilities, specifically those with significant disabilities. These changes include: system program evaluation, service provision for students with disabilities and transition age youth with disabilities, collaboration with schools and services to students with disabilities, and the development of an individual plan for employment. WIOA has also changed the approach to employment for people with disabilities. These changes are outlined in greater detail below.

**Customized employment** means competitive integrated employment for an individual with a significant disability that considers the strengths, needs, and interests of the individual. It is designed to meet both the employer and individual needs to develop a set of job duties, work schedule, job arrangement,
specific supervision, and providing services and job supports at the worksite (PL 113, Section 404,C,7).

The legislation also requires that any previous references to the job setting that included the term “integrated” be changed to competitive integrated employment (PL 113, Section 411, B,1,A). This marked a substantial change in the way individuals with significant disabilities are provided services and considers employment to be unique to the individual’s strengths and the needs of the employer in order to develop a placement at the worksite.

**Standards and indicators and Performance Measures.** Under WIOA, the requirements for reporting outcomes of the vocational rehabilitation program have significantly changes. Previously the method for program evaluation was referred to as Standards and Indicators. The Rehabilitation Act Amendments of 1992 outlined standards and indicators for state performance mandating the demonstration of successful outcomes for employment. As a result, vocational rehabilitation programs are required to meet a specified ratio of the percentage of successful employment closures compared to the rate of unsuccessful closures. Each year the standards and indicators change, yet essentially the agency is held accountable and success is measured by the number of clients who achieved employment to the rate of 1.2 meaning for every one person who did not meet successful employment there must be two individuals who achieved successful employment. Client outcomes were measured using status 26 (a successful employment outcome) and status 28 (an unsuccessful employment outcome) in the state-federal rehabilitation agency. State vocational rehabilitation programs are required to report program data to the Rehabilitation Services Administration. Minimum performance is required for each indicator. Fiscal year data are used to compute six performance indicators. Agencies that do not meet the performance standard must develop a Program Improvement Plan outlining the steps to improve performance. The standards and indicators are established each year and include the number of clients meeting successful vocational outcome to clients who do not achieve an employment outcome. The agency meeting the indicator increases the ratio for successful employment outcome compared to
unsuccessful employment outcome. Also affecting standards and indicators is the length of time a client participates in vocational rehabilitation.

Changes in WIOA require performance accountability provisions. Rather than standards and indicators, agencies will now be held accountable through performance measures. Each state is mandated to identify in a state plan the expected levels of performance (PL113, Section 116, 3, iii). Whereas the measures are determined by each state, it is likely that each state will list outcomes. Listing outcomes will provide opportunities to view state specific information about the service provision. Conversely comparison to other programs may be limited as each state has its own set of standards.

**Service Provision for Youth with Disabilities and Services in the School.** Significant changes for service provision through WIOA impact transition services to youth with disabilities. Each state is required to allocate fifteen percent of the overall state budget to youth with disabilities. Agencies that do not comply with allocated services to youth, and have a surplus of the allotment will be required to return the funding and will receive a reduced amount for the next fiscal year. These services, known as pre-employment transition services include preparing youth for employment, independent living, and advocacy. WIOA does not define the activities determined for pre-employment services. Until service recommendations are issued in late 2016, each state is left to interpret which pre-employment activities are allowable.

The specific language of the WIOA legislation requires states to “facilitate the transition from school to postsecondary life, such as achievement of an employment outcome in competitive integrated employment, or pre-employment transition services” (PL113, 414(B)(15) and that the “vocational rehabilitation counselor works with the educational agencies, providers of job training programs, providers of services under the Medicaid program, entities designated by the State to provide independent living, housing and transportation authorities, workforce development systems, and
businesses and employers (PL113,B,7). As part of the service provision for youth, WIOA requires that for a fiscal year funds should not be used for administrative costs and that, “the State shall reserve not less than 15 percent of the allotted funds for the provisions of pre-employment transition services” (PL 113, Section 419 State Allotments,d,1). Appropriate activities include, job exploration counseling, work-based learning experiences (in school or after school) experience outside the traditional school setting in an integrated environment to the maximum extent possible, counseling for enrollment in postsecondary educational programs, workplace readiness training to develop social skills and independent living, and instruction in self-advocacy (PL 113,Section 422) Pre-Employment Transition Services Part B of title I (29 U.S.C 730 et seq). Finally, WIOA requires that vocational rehabilitation counselors attend Individualized Education Program (IEP) meetings. (PL 113, Sec 113,d,1).

WIOA requires agencies serving youth to work together to assist youth in obtaining training and successful employment. The mandates of WIOA require coordination of transition services with schools; encourage engagement with the Local Educational Agency (LEA), and mandates attendance at Individualized Education Program (IEP) meetings. Further, WIOA requires agencies state agencies to improve and expand VR services to students with disabilities through post-secondary education opportunities and training. Vocational rehabilitation counselors are also encouraged to refer clients to benefit planning meetings in order to learn about social security benefits and the way in which these benefits will affect youth transitioning to adulthood (PL 113, Section 422) Pre-Employment Transition Services Part B of title I (29 U.S.C 730 et seq). Although these mandates are important and will have an impact on youth with disabilities, the methods for completing these services have not been defined. Ambiguity in implementation may lead to inconsistency in serving youth with disabilities.

**Development of the Individual Plan for Employment (IPE).** In collaboration with the client and counselor, the plan for employment must be developed within 90 days from the date of eligibility for
services. States who have implemented an order of selection must develop a plan within 90 days from the date of activation from the order of selection wait list.

**Poorly defined criteria for services.** Competitive employment is not defined and there are no predetermined timelines. Rather, WIOA encourages consideration of the unique abilities of the individual, supports needed to assist the individual in obtaining employment, and completing assessments to inform development of plans for employment that involve collaboration with families and schools.

In addition, WIOA used conflicting definitions of the term youth and student with disabilities. According to the legislation students with disabilities are defined as ages 14-21 years old and youth with disabilities is defined as 16-24 years of age. As a result there is significant discrepancy and opportunity for misinformation and reporting of data outcomes.

**The Current State of Vocational Rehabilitation Services and the Implementation for WIOA**

**Order of selection**

As stated previously, Vocational Rehabilitation programs exist to assist individuals with disabilities attain, secure, and benefit from employment. Over the last six years national events have affected the delivery of rehabilitation services at the state level including the U.S. Recession of 2008 and competing demands for public funding. Further adding to the demands is the increase of clients with disabilities applying for services and reduced fiscal resources. In order to assist clients, state vocational rehabilitation programs may use an intervention allowed by the Rehabilitation Services Administration known as an Order of Selection. The Order of Selection, also known as a waiting list, creates a federally-sanctioned waiting list by which individuals with the most severe disabilities receive service priority. The VR agency is required to ensure that all necessary services to assist the individual for employment are provided. Providing services to one individual while not providing to another in order to “ration services” is not acceptable. When the VR agency does not have the resources necessary to provide all
eligible individuals with needed services, it must go to an Order of Selection. The requirements for the Order of Selection include, ensuring the selection is implemented on a statewide basis; providing notification to all eligible individuals of the priority categories, including the right to appeal the category assignment; and continuing to provide all necessary services to all individuals who started receiving services prior to the effective date, regardless of severity of the individual’s disability. While on the Order of Selection, the agency continues to provide assessment services to all individuals who apply to determine eligibility for VR services and for those found eligible, the priority category under the State’s Order of Selection is determined.

While on the Order of Selection, and for when individuals are receiving services, states are encouraged to use comparable benefits. These include assisting clients in applying for state and federal medical benefits and applying for other programs. With WIOA, the mandate for a one-stop center increases collaboration and a unified state plan presents opportunities to assist clients by using comparable benefits to maximize the resources available. Applicants can also receive information regarding comparable benefits while on the waiting list.

Greater numbers of PWDs

As part of the demography of the United States, there are increasing numbers of people with disabilities. According to the U.S. Census Bureau, of the total population of 303.9 million, approximately 56.7 million people, or 18.7% had a disability in 2010. From the number of people with disabilities, about 38.3 million (12.6%) had a severe disability and 12.3 million ages 6 years and older (4.4%) need assistance with one or more Activities of Daily Living (ADL). Further, according to the Census, the total number of people with disabilities increased by 2.2 million from 54.4 million in 2005 to 56.7 million in 2010. This is an increase in both number and percentage compared to 2005.

Larger number of individuals with disabilities results in an increased need for services and support for people with disabilities. Individuals with disabilities experience higher rates of poverty than
people without disabilities. The Census Bureau reported that adults with disabilities ages 21-64 earn less than people without disabilities. Approximately 28.6% of people ages 15-64 with severe disabilities, live in poverty while 17.9% of people with nonsevere disabilities live in poverty compared to 14.3% of people without a disability in poverty. Many individuals with disabilities access benefits from Social Security; however they continue to remain in poverty. About 32.9% receive Social Security benefits compared to 8.8% with nonsevere disabilities or individuals without a disability (U.S. Census Bureau).

Both the greater number of people with disabilities and the increasing number who live in poverty create difficulties for state vocational rehabilitation programs to assist people with disabilities in attaining work. The challenge arises in serving individuals when resources are not sufficient and states have implemented the Order of Selection.

Greater Cultural Diversity of the U.S.

Other demographic changes to the U.S. population will continue to affect service provision. As a result there is an increased demand for services. According to the U.S. Census Bureau, during the first half of the 1990s, the U.S. population increased by 2.7 million people each year for a total of 262.8 million in 1995. Population is projected to be 390 million Americans by the year 2050. As the U.S. population increases it will become more diverse including socioeconomic diversity. By the middle of the 21st century, the “minority” population will almost equal the size of the non-Hispanic white population. It has been demonstrated in the literature that Hispanic individuals have higher rates of physical, mental and emotional disabilities (Smart & Smart, 1991; Smart & Smart, 1993) experience higher rates of poverty (DaSilva, Cardoso, Romero, Chan, Dutta, Rahimi, 2007) and experience non successful rehabilitation outcomes (Leung, 1993; Moore, 2001; Moore, Giesen, Cavennaugh, 2005; Mpofu & Harley, 2006; DaSilvaCordoso, Romero, Chan, Dutta, Rahimi, 2007; LeBlanc & Smart, 2007). The minority population grew 14 percent during the 1990s compared with a 3 percent growth in non-Hispanic white population. The Asian population grew 23%, the Hispanic population 20% and African
American population increased by 8%. The impact of the changing demography of the United States will affect service provision and the need for vocational rehabilitation counselors to respond with culturally responsive interventions.

**Service Age**

Transition from special education to VR may be the point in the rehabilitation process which is most affected by individual views of self, family, disability, work, and help-seeking behaviors. American developmental milestones for youth emphasize autonomy and independence by encouraging activities such as enrolling in college or other postsecondary education, engaging in employment, making individual decisions, or moving out of the home (Arias & Hernandez, 2007; Blacher, 2001; Arnett, 2003). Developmental process varies by culture (Arnett, 2003), especially in cultures that emphasize family obligations over individual freedom (Baer, Prince, Velez, 2004; Ferguson, Ferguson & Jones, 1988; McDonnell, Hardman, McDonnel, Kiefer-O’Donnell, 1995). The process of transition is also defined by special education and WIOA legislation and may not consider individual factors and cultural context.

WIOA also has competing definitions of the term youth and student with disabilities. According to the legislation students with disabilities are defined as ages 14-21 years old and youth with disabilities is defined as 16-24 years of age. As a result there is significant discrepancy and opportunity for misinformation and reporting of data outcomes.

**Collaboration**

WIOA mandates collaboration with school services and adult services to meet the needs of youth with disabilities. However, many special educators may not be fully informed of the roles, skills, and resources of VR counselors (Dowdy, 1996) and many counselors may not understand that, according to the Individuals with Disabilities Education Act (IDEA) 1997 and 2004, in addition to the WIOA they are not only allowed to provide service students with disabilities but mandated to collaborate together.
Obviously, collaboration between special education and VR increases the likelihood of obtaining eligibility for VR. Morningstar, Kleinhammer-Tramill, and Lattin (1999) found that rehabilitation counselors considered transition from school to work to be the responsibility of the school, and due to this misperception, VR counselors have not understood that service can be provided to youth. WIOA now requires that services are provided to youth in high school. Furthermore, it is often difficult to understand the shift in responsibility from special education to VR and other adult services if counselors have not been collaborating with students at an early age (Dowdy, 1996; Ferguson, Ferguson, & Jones, 1988).

The collaboration with vocational rehabilitation and special education may be inconsistent. Special educators may not see the value of including vocational rehabilitation in the transition process. Further, special educators are not bound by the same legislative mandates of WIOA and therefore, due to competing demands, may not work with the vocational rehabilitation counselors. In addition, schools with more affluent populations may choose to exclude vocational rehabilitation programs as optional programs particularly when the state program may have enacted the Order of Selection. Schools may determine that the waiting list is too long and not necessary for students to apply. Yet, regardless of waiting list, counselor attendance at Individualized Education Program (IEP) meetings are required from WIOA mandates. Thus schools who choose not to encourage participation in vocational rehabilitation may lose the opportunity to collaborate and achieve successful outcomes.

The cooperation and collaboration of the consumer’s family in all phases of the VR process are important components which lead to successful outcomes. WIOA encourages collaboration but does not address family in the transition process. The involvement of the family however, may be more critical in transition since the negotiation of autonomy into adulthood, for any high school student, is a developmental task that is defined by and typically takes place within the family system (Field & Hoffman, 1999; Fulgini, Tseng, & Lam, 1999; Arnett, 2003; Baer, Prince, & Velez, 2004; Ferguson et al,
1988). Further difficulties arise when determining what autonomy and self-determination mean for each family.

**Attend IEP meetings**

Finally, WIOA requires vocational rehabilitation counselors to attend Individualized Education Program (IEP) meetings. (PL 133, Sec 113,d.1). The mandates of WIOA require coordination of transition services with the school, encourage engagement with the Local Educational Agency (LEA), and mandates attendance at Individualized Education Program (IEP) meetings.

Students in the transition process are encouraged to make choices and decisions regarding their lives with the same freedom of choice as people without disabilities (Wehmeyer, 1997). Ideas of independence, choice, and self-determination are central to the goals of the transition process. Ideally, students should attend IEP meetings and determine their own transition goals. Later, when youth transition to adult services, they are encouraged to develop goals of the Individualized Plan for Employment (IPE). WIOA through reauthorization of the Rehabilitation Act encourages empowerment for people with disabilities and emphasizes informed choice when developing the Individualized Plan for Employment (IPE). Compared to other countries, the U.S. places great value on self-reliance and independence (Baer et al., 2004). Individuals in transition are encouraged to set goals for independence and employment, typically reflecting the cultural norms and values of the dominant culture (Kalyanpur, 1998; Rafaelli, Carlo, Carranza, & Gonzalez-Kruger, 2005). Transition goals which reflect the dominant culture are often incorrectly considered to be universal standard. In 1997, Thompson noted “the U.S. majority culture, considered by some the most individualistic in the world, lies at one extreme of a worldwide individualistic-collectivistic continuum (p.16) and, not surprisingly, the disparity of VR services for culturally different clients may be a result of clashing ideologies (Thompson, 1997). Consequently, students are encouraged to develop independence and self-advocacy consistent with this American cultural norm. Moreover, these ideals have informed much of the basis for independent living,
employment, and supported employment. Assumptions should not be made that all individuals subscribe to the mainstream conceptualizations of individualism, choice, and equality of opportunity (Harry, Rueda, Kalyanpur, 1999). When individuals encounter a transition which appears to devalue their family’s culture, these individuals may need to renegotiate the meaning of their identity (French, Seidman, Allen, & Aber, 2006) In addition, students who are raised in a family with low socioeconomic status (of any ethnic identity) often have more family responsibilities in childhood and adolescence (Arnett, 2003) which, in turn, affects transition goals that include training and successful employment. While attendance at IEP meetings is encouraged, professionals need to consider the unique goals for each youth and methods to support the goals of the student particularly when youth identify as being culturally diverse and may not subscribe to the American cultural norm.

WIOA requires agencies serving youth to work together to assist youth in obtaining training and successful employment. Further, WIOA requires state agencies to improve and expand VR services to students with disabilities through post-secondary education opportunities and training. Youth are influenced by cultural components of their racial identity, ethnicity, and social class (Baer et al, 2004; French et al, 2006). Thus professionals collaborating regarding post-secondary services need to consider the youth’s cultural, ethnic, and social class identity and consider the responsibilities youth may have to their families. Youth may have differing expectations for postsecondary training. WIOA requires professionals to work with youth to provide experiences for the youth to make a selection that best fits his/her unique needs.

Vocational rehabilitation counselors are also encouraged to refer clients to benefit planning meetings to assist with how social security benefits will affect youth transitioning to adulthood Section 422 Pre-Employment Transition Services Part B of title I (PL 113, 29 U.S.C 730 et seq). Although these mandates are important and will have an impact on youth with disabilities, the methods for completing these services have not been defined. Ambiguity in implementation may lead to inconsistency in serving
youth with disabilities. Further, families may rely on the social security benefits of the youth and may be hesitant to participate in employment activities at the risk of losing or perceived loss of benefits.

The Relationship between WIOA and Cultural Diversity

For almost 40 years, the disparity in successful vocational rehabilitation (VR) outcomes for racial and ethnic minority clients has been documented (Atkins & Wright, 1980; Capella, 2002; Feist-Price, 1995; Herbert & Martinez, 1992; Olney & Kennedy, 2002; Wilson, 2005; Wilson & Senices, 2005). Specifically, when compared to European Americans of the majority culture, racial and ethnic minority clients experience lower acceptance rates, receive fewer services, and are less likely to close successfully (Moore, 2001; Moore, Giesen, Cavannaugh, 2005; Mpofu & Harley, 2006).

Perhaps as a result of the documented disparity of minority population outcomes the WIOA legislation continues to require a commitment to diverse individuals. Support for employment and training activities, academic, occupational and literacy skills for Indian, Alaska Native and Native Hawaiian individuals (PL 113, Subtitle D National Programs Sec 166,1) is important to address the difficulties experienced by individuals. Despite the legal mandates, counselors will continue to use professional judgment that may or may not include interventions that are culturally responsive. Legislation requiring a commitment to diverse populations will have variability in the way in which interventions to minority populations are implemented.

Through WIOA, the legislation mandates that professionals provide assistance to diverse individuals including those with disabilities who are underserved (PL 113, Section 433, d National Institute on Disability, Independent Living, and Rehabilitation Research). European American transition students experience higher rates of success when compared to their diverse peers in high school completion, obtaining employment, quality of employment (as measured by the federal minimum wage), postsecondary training, and independent living (Leake & Cholymy, 2004). Friedman, Delucia, Holmbeck, & Zebracki (2009) observed that cultural variability is a significant predictor of individual
variability in autonomy development across the transition from special education to VR services. Wagner (2005) found that Hispanic transition students have not made significant improvement in employment outcomes.

Despite the federal mandate, it may be difficult to provide assistance to minority populations due to clients’ lack of trust with federal programs (Lowry, 1983; Hernandez, Cometa, Rosen, Velcoff, Schober, & Luna, 2006; Alston, Gayles, Rucker, & Hobson, 2007), reliance on family unit to problem solve (Daniels, D’Andrea, 1995; Faubion, Roessler, & Calico, 1998; Chiang, Hunter, & Yeh, 2004), and the less likely individuals are to enlist the support of professionals (Sims, Pernell-Arnold, Graham, Hughes, Jonikas, Jo, Onaga, & Sardinas, 1998; Faubion, Roessler, & Calico, 1998; Chiang, Hunter, & Yeh, 2004).

Despite the intent of WIOA to increase services to diverse clients, the system presents challenges. Navigating the services for special education and vocational rehabilitation can be confusing to consumers, especially culturally diverse consumers. Special education is an entitlement program while VR is an eligibility program. Eligibility according the Rehabilitation Act (1973) and Amendments(1992) and reauthorized through WIOA, is assumed for individuals when three additional criteria are met a) the disability creates a substantial impediment to employment, b) the individual must be able to benefit from receiving services, and c) the individual requires state rehabilitation services to prepare for and secure. Entitlement services, including special education, are federally funded and stable. Therefore the youth and family do not pay for disability evaluations, classroom aides, and assistive technology. Conversely, adult services including VR are based on eligibility. Therefore someone with a history of educational accommodations and the presence of a disability may not be declared eligible for VR services. In addition, when states are on an Order of Selection, individuals are placed on waiting lists according to who can most benefit from services (Ferguson et al., 1988; McDonnell, Hardman, McDonnell, & Kiefer-O’Donnell, 1995).
Further providing difficulties with WIOA requirements is the perspective of families. Families define disability differently than programs including school and vocational rehabilitation. Group cultural values and traditions are expressed through developmental planes including personal interpersonal and community. Adolescents with strong endorsement of family obligations may also manage household duties and care of parents and siblings with chronic illness or disability (Fulgini, 1998; Fulgini et al., 1999). These family obligations may prevent youth from participating in these programs. Therefore, professionals may view the lack of participation as ambivalent rather than consider that the youth must choose between self and family obligations. Families may endorse obligations to others (Arnett, 2003), ascribe to familialism, or have strong identification with family and extended family (Baer et al., 2004).

WIOA strengthens the mandate for collaboration between schools and vocational rehabilitation; however, WIOA does not consider family. Services in the schools and vocational rehabilitation traditionally follow a client-centered approach to decision making authority and responsibility (Kalyanpur & Harry, 1997; Thompson, 1997; Wright, 1980). Therefore, VR counselors typically meet with consumers individually and may not be accustomed to working with families to develop rehabilitation plans (Blacker, 2001; Frain, Berven, Tschopp, Lee, Tansey, Chronister, 2007; Rusch & Chadsey, 1998). The responsibility is placed upon the individual. Youth may be slow to act upon counselor recommendations in order to consult with family members and thus may appear unmotivated in meeting goals that conflict with family intentions, and they may be perceived as disorganized and noncompliant when appointments are missed due to conflicts with family members’ schedules (Salas, Lopez, Chinn, & Menchaca-Lopez, 2005). Moreover rehabilitation regulations encourage professional collaboration but do not address collaboration with families (Morningstar, Turnbull, & Turnbull, 1996).

Implementation can be problematic when considering that families have different levels of endorsing support of professionals and familial privacy. Expanding the professional team for collaboration may present ethical issues for confidentiality. Professionals who comprise the transition
team should learn the goals and decision–making processes of each family and determine what autonomy, independence, and success means to the family. In addition, it is helpful to learn the family’s level of adaptation to American public education, special education, and VR will facilitate greater communication.

**WIOA and Ethics**

The WIOA implementation requires specific service provision. States are required to implement the statewide plan, services to youth with disabilities, and evaluate the program through performance measures. Despite the mandates of WIOA, the legislation does not define methods for implementation. Further adding to the difficulty, the regulations will not be available until late 2016 and yet states are required to abide by the legal mandates or subject to fiscal sanctions. The performance standards for evaluations have yet to be defined. The ambiguity of implementation causes difficulty for counselors wherein the counselor must work within a system to implement the legislative actions. Although the specific implementation is not defined, counselors follow the CRC Code of Ethics to guide counselor behavior and interventions for clients. Counselors can use the code to consider the preferred method for implementing the mandates of the law.

**Ethical Guidelines Inform Practice**

Ethical guidelines assist in implementation of service provision when legislation and policies are poorly defined. Ethical standards for vocational rehabilitation counseling practice can guide the behavior of professional counselors and provide a method of implementation of services. The Certified Rehabilitation Counselor Code of Ethics (CRC Code) serves as a method to deliver services. After legislation and policy changes occur, counselors continue to implement the Code of Ethics as a consistent measure for service delivery by engaging in ethical conduct.
Ethical principles guide counselors in behavior. The CRC Code of Ethics outlines six principles for practice which include autonomy, beneficence, nonmaleficence, justice, veracity, and fidelity. Autonomy provides opportunity to respect the right of the client to be self-governing within his/her cultural framework. This includes the client’s ability to engage in informed choice and develop a plan for employment. Beneficence promotes the well-being of the client and to engage in services that provide for the client successful outcome. Nonmaleficence prevents harm to the client including engaging in practices that would create difficulty to a client’s beliefs and culture. Justice involves the fairness and equity of service delivery to clients and appropriate services to all clients. Veracity is the counselor providing services in an honest and truthful manner which aligns with the principle of fidelity to keep the promises outlined in the plan for employment.

WIOA provides what is mandated by the law but without specifics. Counselors can then use the code to consider the preferred method for implementing the mandates of the law. Counselors should be aware of own place within larger culture their social status, sex, and race will probably influence both what they perceive as problems and dilemmas and how they respond to them “ (Cayleff, 1986 p.345).

For example, with the mandates from WIOA, a counselor must develop a plan within 90 days which is the mandate of the law. The counselors need to assist the client in determining a vocational goal as part of the development of the plan. Competing principles of autonomy and informed choice along with nonmaleficence are considered as the counselor needs to ensure the plan is created within 90 days. The plan development is to prevent further harm in the form of delayed services at the risk of clients choosing the vocational goal especially when the client has difficulty selecting the employment goal. With the ambiguity of WIOA counselors are left to interpret and determine the best method for delivering rehabilitation services.

Ambiguous courses of action are often presented to counselors in which the counselor must decide between competing principles and determining what is the most preferred. Although WIOA
implementation is poorly defined, determining a course of action during uncertainty is familiar territory for counselors. The code of ethics provides a framework for decisions and conduct. Kitchener (1984) presented the following difficulties in implementing ethical professional practice: acting ethically may not feel good, often requires balancing a lesser harm with a greater harm, or violating one ethical principle to uphold another, counselors must consider the trust of the public in the profession, requires that counselors tolerate the ambiguity of ethical decision making, few absolutes exist and that certainty is virtually impossible. Counselors as a result should consult with supervisors often and review the code of ethics to determine the favorable course of action in agreement with the code of ethics and legislation.

The code of ethics provides specific behavior practices, yet it is impossible to list every potential behavior. The code provides what a counselor needs to do and at times is even vague as to what to interpret. As a result, counselors must use the code as a guideline and determine the best possible course of action. Through the ethical principles the counselor can decide what the ideals of the profession are with the highest consideration for ethical standards. The counselor considers the virtues one possesses to interpret the ethical conduct. A professional character is a character formed and informed by the profession and one that reflects an aspiration for the ideals of that profession. The ideals of professional psychology must include conscientious decision making, but they must also include virtuous deciders who emphasize not so much what is permitted as what is preferred (Jordan & Meara, 1990).

**Ethics and Diversity**

WIOA encourages consideration of services to diverse consumers and counselors must work within the system to provide services. While professionals unconsciously represent the values of the systems and legislation within which they work, each client and transition age youth including his or her
family, bring a variety of values and expectations about rehabilitation services. Service planning has traditionally followed a client-centered approach which aligns with the philosophy of independence set forth by the macro-culture in the United States (Kalyanpur & Harry, 1997). In support of this idea, several researchers have investigated the impact of transition on families and found that they are profoundly affected (Morningstar, Turnbull & Turnbull, 1996). Vocational rehabilitation counselors and members of the transition team should exert caution in assuming values such as development, life outcomes, family roles, parenting, independence, and individual achievement are universal (Rueda, Monzo, Shapiro, Gomez, & Blacher, 2005). It is critical to examine the family’s culture and its compatibility with the system’s culture. For example the extent to which the family has adopted the dominant culture’s definition of independence or an idea of familialism, interdependence among family members, can conflict with policies imposing community inclusion (Blacher, Lopez, Shapiro, & Fusco, 1997). Congruent goals of transition and services for minority youth with disabilities may alienate the family from the beginning. Since diverse families tend to seek support from extended family or other avenues within the community, participation in school-based transition may not be considered by diverse families.

Ethical standards can assist in following the WIOA mandates for diversity and collaboration. Ethical standards for practice encourage professionals to be respectful of diversity, communicate in ways that are developmentally and culturally appropriate and adjust practices as appropriate (CRC, A.3.c). Rehabilitation counselors should demonstrate respect for the cultural background of clients and implement treatment plans and adapt interventions as necessary (CRC, A.2) Counselors who demonstrate a respect for differing philosophy and opinions can begin to improve collaboration and outcomes for participants. By improving his or her collaboration skills, a professional can increase the likelihood of parent involvement and transition success. A professional’s ability to work with diverse families will be enhanced by a thorough awareness of his or her own culture and values fostered by that
culture. Understanding how one’s own culture influences perceptions can lead to an acknowledgement of the potential for conflict (Sileo, Prater, & Sileo, 1996) and increase participation in service delivery.

The CRC Code of ethics has encouraged counselors to consider the uniqueness of individuals with disabilities within their social and cultural context. Counselors have an ethical responsibility to respect the dignity of the individuals receiving services and possess cultural competence, which is the knowledge, skills, and behaviors to work effectively with diverse individuals (CRC, A.2).

It is of utmost importance that the needs of all consumers are met and cultural values are respected (Combes & Durodoye, 2007). A general suggestion for improving cultural responsiveness is to educate oneself about the different cultures that one may encounter and engage in self-reflection of one’s own culture and biases. Although this is a good step, it is not without cautions and it is certainly not the only step to be taken. While culture-specific practices and values can be found, there is little consistency between all members of a particular group. “Variances between individuals exist just as variances between cultures” (Combes & Durodoye, 2007). Professionals should keep in mind that generalizations to an individual or a family based on limited knowledge of race or ethnicity can lead to stereotyped beliefs and diminish one’s capacity to work collaboratively (Kalyanpur & Harry, 1999; Wilson, 2005). As part of cultural responsiveness counselors can relate to the individuals receiving services in a meaningful way without distorting information conveyed as a result of cultural differences.

**Ethical Decision Making**

WIOA does not define specific methods for implementation. Yet, ethical decision making models provide assistance to counselors when ambiguous situations arise. Rehabilitation counselors and counselor trainees have been encouraged to use ethical decision making models when encountering an ethical dilemma. Kitchener (1984) suggests professionals engage in ethical decision using fundamental ethical principles. Professionals must identify levels of consensus that operate around an action or dilemma (Cottone, 2001). The Integrative Decision Making Model (IDM) (Tarvydas,
has been applied for diverse experiences with multicultural clients. IDM is applicable as WIOA emphasizes cultural diversity and counseling is, to a greater or lesser extent cross cultural.

The IDM encourages the counselor to 1) conduct complete fact finding of the situation, 2) consider the thinking feeling and context for the counselor and client, 3) select the course of action, 4) engage in self-awareness to determine prejudices, blind spots and values, 5) formulate the decision. The IDM also encourages counselors to engage in self-reflection and to consider not only what must be done but also, the way in which the ethical principles be applied. Rather than worrying about what ethical principle may be violated, concern should be for awareness of self and actions. Ethics falls into place when counselors seek to do what’s best, implement practices, and then provide autonomy and beneficence. This provides opportunity for counselors to consider the perspectives of clients without imposing a counselor’s personal beliefs on clients.

Although the IDM considers the perspective of others, it has been met with criticism regarding the ethical principles of justice. This principle is paramount for providing rehabilitation services to all clients. Indeed rehabilitation counselors must provide services to all eligible clients. However, each client is an individual with unique challenges. Justice cannot be provided in the context of services to all clients in the same method. Further, a client develops a plan with the counselor and what is provided to one client may not be provided to another client. The IDM is a promising model as it encourages the self-reflection of the counselor and taking into consideration the context of the client experience. Thus the IDM can assist the counselor in meeting the expectations set forth by WIOA.

Research Project to Address WIOA Implementation

The WIOA has mandated changes to practice for vocational rehabilitation and services to youth with disabilities. The research project seeks to illuminate the relationship between 1) WIOA; 2) transition; 3) cultural diversity; and 4) ethics. Through examination of WIOA and professional ethical
standards, a presentation was provided to rehabilitation professionals, giving information regarding implementation of WIOA.

Statement of the Problem

With the reauthorization of the Workforce Investment Act, now known as the Workforce Innovation and Opportunity Act (WIOA) transition and services to youth with disabilities is further emphasized. Mandates now require specific pre-employment transition services, collaboration with schools and training facilities, and a percentage of the overall vocational rehabilitation budget specifically allocated for transition services. WIOA also encourages outreach to minority populations.

As a result, all counselors in the vocational rehabilitation agency are required to engage with transition age youth rather than only a few counselors assigned to transition. Counselors who previously had a general client base are now encouraged to engage with school districts, provide counseling and guidance to youth, and for Utah counselors, to provide specific job related training and career development workshops to youth in the schools.

Despite the legislative mandates, specific service implementation has not been identified. Counselors are left to interpret the mandates on their own. This presents challenges for coordinated service provision. Competing ethical principles are brought to the forefront to deliver services. Although WIOA is ambiguous the Code of Conduct for Rehabilitation Counselors can serve as a method to guide practice and implementation of WIOA.

Purpose/ Need

Vocational rehabilitation counselors need training to learn about WIOA and the ethical consideration for counseling practice in the state vocational rehabilitation system. The training was an opportunity for counselors to learn about the changes to the law, collaboration with partnering agencies, and transition for youth with disabilities. Counselors were also presented with opportunities to consider the application of the ethical code of conduct, a decision making model.
In addition, the paper and the presentation address ethical responsibility for culturally relevant practice. Not only is providing services to diverse youth suggested in WIOA, it is also an ethical responsibility mandated in the CRC code of ethics counselors have dedicated to follow. To address cultural relevance, the presentation also provided information regarding individualistic and collectivistic worldviews and the impact on youth and families in transition. The ethical case scenarios for counselors were also included to emphasize the critical nature of service provision.

**Participants Population and Sample**

Individuals participating in this project were counselors with the state vocational rehabilitation agency.

Participants were recruited to attend the presentation. The counselors were also provided the opportunity for continuing education ethics credit as an incentive for attending the presentation after completing a survey. The expected return rate for the survey after the presentation was 75%, given the incentive for ethics continuing education credit. The participants were encouraged to complete the electronic survey at the completion of the presentation. A reminder email and link to the electronic survey was sent to all counselors in the state of Utah. The author did not have access to the name electronic survey. The state rehabilitation trainer and secretary monitored the electronic survey and compiled the responses to ensure confidentiality of responses.

**Sample Size**

State rehabilitation counselors participated in the presentation. The delivery was completed using real time technology through the state “Vision System” which is an electronic visual delivery system with the presenter and slides. Ten broadcast sites throughout the state participated from various locales the north/south and urban, rural, and administration. The sites included: Ogden, Layton, Downtown Salt Lake City, West district of Salt Lake Valley, South district of Salt Lake Valley, Division of Services for the Blind and Visually Impaired (DSBVI), Provo, and Cedar City. The sites also
included the Administrative office, Division of Services for Blind and Visually Impaired (DSBVI), and attendees at the Buffmire Rehabilitation Services Center, the broadcast origination site. The total number of participants were 72 with 55 (76%) (N=72) who completed the survey. Participants included Certified Rehabilitation Counselor (CRC) and some administrators.

**Method**

Vocational rehabilitation counselors need training to learn about WIOA and the ethical consideration for counseling practice in the state vocational rehabilitation system. Training was developed by the author to provide information regarding changes to the law, collaboration with partnering agencies, and transition for youth with disabilities. The presentation also included ethical scenarios for discussion and use of the Integrative Decision Making Model (Tarvydas, 2004) in addition to possible courses of action for ethical conduct. Counselors were also given opportunities to consider the application of the ethical code of conduct, a decision making model. The presentation can be found in Appendix A.

**Supervisor Guide**

Continued discussion of the implementation of WIOA and ethical practice must be ongoing. The training provided is recommended for review within districts and team meetings. Discussion in districts and locales provides opportunity to review actual cases with staff and to discuss various reactions to competing ethical principles. The Supervisor Guide is intended to provide summary information of the presentation and decision making model. The guide can be found in Appendix B.

**Data Collection and Instruments**

The author created a presentation to disseminate information regarding WIOA and ethical implications for counseling practice. The author also created a survey to evaluate the presentation. Following the presentation, an invitation to participate in the survey was sent by electronic mail to all employees of the Utah State Office of Rehabilitation, Division of Rehabilitation Services. After three
days, a reminder email was sent to all individuals. The survey was distributed to participants using a computer generated survey response program. The researcher did not have access to the participants’ identifying information. In order to preserve the participants’ anonymity, all surveys were returned to the Utah State Office of Rehabilitation training coordinator. The responses were provided to the author and analysis was then conducted by the author. It is noted that following the presentation, the presenter received several electronic messages from counselors throughout the state system with appreciation for the presentation.

**Survey Questionnaire**

A survey was developed by the author and included questions about counselor knowledge of the ethical decision making model. The survey also had questions about the presenter knowledge of subject matter. The survey can be found in Appendix C.

**Ethical Case Scenarios**

For the presentation ethical scenarios were discussed. Each scenario provided an opportunity for discussion of applicable ethical principles that should be considered by the counselor. The ethical scenarios can be found in Appendix D.

**Results**

The presentation identified the mandates for The Workforce Innovation Opportunity Act (Public Law 113-128) identified as WIOA. The author developed a presentation to educate practicing counselors regarding the WIOA legislation and the ethical considerations for practice. The presentation included the requirements for vocational rehabilitation service provision including customized employment, services to youth with disabilities, and measurements for outcome including moving from standards and indicators to performance measures. The presentation identified the specific changes for major categories including 1) customized employment, 2) standards and indicators to performance measures, 3) service provision for transition and youth with disabilities, 4) services in the school,
5) development of the Individual Plan for Employment (IPE), and 5) the definition for services including ages for students and youth with disabilities. The presentation also included ethical scenarios to assist in the discussion of WIOA and ethical implications for practice.

**Ethical Scenarios**

The ethical scenarios in the presentation provided opportunity for discussion of applicable ethical principles and the effect of WIOA on the service provision. The first scenario provided an example of a counselor responsibility for participating in the Individualized Education Program (IEP) meeting as mandated by WIOA. The transition aged youth for this scenario had yet to apply for vocational rehabilitation services and the school was concerned about the order of selection and whether the student would be eligible to receive services or be placed on the Order of Selection. Responses to this scenario involved discussion regarding the ethical principles of justice, fidelity, beneficence, and veracity. For the principle justice, participants considered services to all individuals and the importance of explaining to schools that eligibility is determined on an individual basis and fairness is needed in order to gather medical information to review the case and eligibility. Participants also identified the principle of fidelity in which the counselor is required to keep promises to clients and others, assuring that services will be based on functional categories. The author also provided additional considerations for beneficence where this principle might be considered important to provide for the client in participation of the program. Finally, veracity was considered as the need to be truthful when representing the agency appropriately at the IEP meeting.

The second scenario involved a transition aged youth seeking transportation independence. The counselor may compromise autonomy or informed choice when suggesting the client obtain a driver license. Participants discussed the efforts of the counselor to explore the client’s desire and choice for independence, choice of employment and whether to engage in employment, and the definition of what independence means and if a family member assists with independence or participating in public transit
as a method for independence. The cultural perspective was also provided to the group in order to give a consideration to a collectivist perspective. Using this perspective, participants were asked to consider the group and family. For example, it may be that work provides assistance to the family group and collaboration of resources. Combining transportation with other group members to share costs or perhaps using public transportation to socialize with other patrons in order to acquaint with others in the community might be the goal of the client. Principles of autonomy and beneficence were discussed by the participants.

The third case involves the WIOA requirement for developing an Individualized Plan for Employment (IPE) within ninety days of eligibility or activation from the Order of Selection. The participants considered the assumption that developing a plan with an assessment that considers the strengths of the client involves the principle nonmaleficence, to do no harm to the client. Participants also considered that developing a plan with undue haste may not be helpful as the client may need to change the vocational goal later as his or her preferences and goals change. Autonomy was also considered for the client having choice in services. The participants also considered the principle of justice and hastily developing a plan imposes on the principle of justice in which services may not be equitable to others who have been prioritized of placed on the Order of Selection waiting list.

The final case involves a youth who requires customized employment exploration to develop a plan for employment. In the scenario, the youth receives Social Security benefits and the family relies on these benefits for the overall fiscal support of the family. Through WIOA, the requirement is made for youth to receive benefits planning in anticipation of entering the work force. Participants identified the principles of veracity, autonomy, and beneficence. Being truthful to the family in using the resources of the youth to assist in the family expenditures and the intent of the benefits was identified. Further consideration was made for autonomy when the youth may wish to choose work but the compensation may be less than the benefits received and compromises the family income. Beneficence was
considered to benefit the client regarding family and cultural perspectives of individuality or collectivism to assist the family. The cases used for the ethical discussion is included in Appendix D.

Survey
The first survey question asked participants about the presenter knowledge of the subject matter.

Table 2

<table>
<thead>
<tr>
<th>Question 1</th>
<th>Agree</th>
<th>Disagree</th>
<th>Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Presenter was knowledgeable About the subject matter presented</td>
<td>50</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

Total | 50 | 1 | 3 |

Question 2 asked participants to respond to the presenter’s implementation of the presentation including questions regarding the presenter’s ability to express ideas clearly, have useful examples and the thoroughness of the content.

Table 3

<table>
<thead>
<tr>
<th>Question 2</th>
<th>Agree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Blank</th>
</tr>
</thead>
<tbody>
<tr>
<td>The presenter for the training:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressed ideas clearly</td>
<td>48</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Presented useful examples</td>
<td>46</td>
<td>1</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Thoroughness of content</td>
<td>46</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Total | 140 | 3 | 14 | 8 |

The participants responded to questions regarding previous knowledge of WIOA and new knowledge and skill acquired at the training as well as previous knowledge of WIOA, service age for clients, service provision that is mandated by WIOA. From the 26 responses themes were noted for age of transition age youth, service provision requirements, and whether or not new information was gained.

Participants also provided overall comments regarding the presentation and the presenter conducting the training. One respondent indicated that the examples for case scenarios included too much discussion from the participants rather than presenter providing the answer. Positive comments
provided information that the case scenarios were a solid overview with opportunity for discussion. Other responses continued with the need for self-reflection and supervision as well as opportunity to discuss ethical scenarios and principles in team meetings. One comment provided information for the presenter delivery of information and style to not apologize for the content.

    Additional examination for the responses revealed one outlier response. The response was negative and disagreed with the content of the presentation. In consideration of the overall comments, this single response conflicts with the responses of the entire group and therefore is not a true representation of the presentation. The presenter also received additional personal emails from participants with gratitude and encouragement in addition to appreciation for the thought provoking discussion. Other comments stated that discussion of this presentation is planned for future team meetings. The information from the survey is provided.

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Question 3</th>
<th>Agree</th>
<th>Disagree</th>
<th>Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I acquired new knowledge about WIOA</td>
<td>32</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>32</td>
<td>0</td>
<td>23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 5 Themes for Question 3</th>
<th>Question 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The age is 14-22 years age</td>
</tr>
<tr>
<td></td>
<td>IEPs are mandatory</td>
</tr>
<tr>
<td></td>
<td>Emphasis on partnership</td>
</tr>
<tr>
<td></td>
<td>Information on transition</td>
</tr>
<tr>
<td></td>
<td>Autonomy for younger clients</td>
</tr>
<tr>
<td></td>
<td>Not new but presented in effective an understandable manner</td>
</tr>
<tr>
<td></td>
<td>Nothing</td>
</tr>
<tr>
<td></td>
<td>I did not know very much about WIOA I am not a VRC</td>
</tr>
<tr>
<td></td>
<td>Not as much new information as expected</td>
</tr>
</tbody>
</table>
Table 6 Themes for Knowledge

Themed for Knowledge about WIOA
- What are performance and standard indicators
- Helped clarify some of the regulations that are not out yet for WIOA
- How to implement some of the new laws as it pertains to the clients work with
- Requirements of law didn’t know were mandated vs best practice
- Open to interpretation
- Reviewed what law specifically states and what is open to interpretation
- Reinforce the involvement from all state partners (USOR, DWS, USOE)

Table 7 Ethics 27 responses with Themes

<table>
<thead>
<tr>
<th>Question 4</th>
<th>Agree</th>
<th>Disagree</th>
<th>Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>I acquired new knowledge and skill about ethics</td>
<td>30</td>
<td>25</td>
<td></td>
</tr>
</tbody>
</table>

Table 8 Themes for Ethics

Themes for Ethics
- Not what is permitted but what is preferred
- Great ways to use ethics in regards to the new laws and guidelines
- Good reminder that ethical decisions – choose between two principles
- Good to review layers of ethical information
- Several ethical principles competing same time
- Case studies used to illustrate 6 principles in case management
- Cultural treat clients equally. Think about culture
- Asking for more context from clients will help to be more culturally sensitive overall

Table 9 Integrative Decision Making Model

<table>
<thead>
<tr>
<th>Question 5</th>
<th>Familiar</th>
<th>Not Familiar</th>
<th>Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>How familiar are you with the Integrative</td>
<td>23</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Decision Making Model (IDM) about ethics</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 8 Themes for Integrative Decision Making Model (IDM)

Themes for IDM
- Self awareness and my culture when working with diverse populations
- Discuss these principles in my team meetings
New Role of Rehabilitation Counselor

The role of the rehabilitation counselor will change as a result of the implementation of WIOA. The mandates from WIOA require rehabilitation counselors collaborate with employment and labor programs, school systems, adult education, provide pre-employment transition services to youth with disabilities, and assist people with disabilities obtain employment through assessment and customized employment. As part of the collaboration with programs counselors are encouraged to develop understanding of the comparable benefits available through programs in order to enhance the service to consumers and use the resources available through allocations awarded to programs. Counselors are also encouraged to refer clients for benefits planning to assist clients in understanding the impact of work on benefits. As a result of the mandates and recommendations, rehabilitation counselors will need to use the unique perspective and knowledge of disability to assist clients with employment and independence. Rehabilitation counselors will need to use their counseling skills as well as become proficient in a) understanding special educational services and legislation b) providing pre-employment transition services, c) become content specialists regarding comparable benefits including Medicaid, Temporary Aid for Needy Families(TANF). This presents new opportunities for rehabilitation counselors to use increase their knowledge to assist clients.

The new information also presents challenges to define the role of a rehabilitation counselors in the era of WIOA. Counselors must provide essential services within specified time frames. WIOA continues eligibility requirements that counselors determine eligibility within sixty calendar days as well
as evaluate progress yearly through an annual review. In addition, WIOA now mandates that Individualized Employment Plans (IEP) should be developed within ninety days of eligibility and activation from the Order of Selection. Rehabilitation counselors will need to monitor progress and coordinate services that will require counselors to focus on case management and perhaps cause strain in the counseling relationship in order to complete mandatory tasks.

In addition to completing mandatory service provision tasks, counselors are required to collaborate with school systems and educational agencies. Counselors will need a unique skill set of case management, counseling skills, communication to individuals and groups. Traditionally rehabilitation counseling has followed a client centered model. The new role will need to consider perspectives from other professionals as well as the client family and other natural supports that have an interest in the client succeeding and obtaining employment.

Rehabilitation counselors will need to assist clients in obtaining employment by using knowledge of disability, conducting assessment, and completing a case conceptualization for rehabilitation services. The disability knowledge and counseling skills will be essential for meeting the demands set forth by WIOA.

With the mandates of WIOA, it is imperative that counselors use the Code of Ethics to guide the professional practice of rehabilitation counselors. The WIOA requirements come with federal consequences for failure to comply. Yet, the requirements are vague leaving significant opportunity for varying interpretation. The Code of Ethics can serve as a method for counselor behavior to interpret the best course of action when providing services within the constraints of the legislation.

Limitations

For this project and the survey, there are limitations that should be considered. The survey for the research project did not include a query for demographic information of the participants. The author made the assumption that individuals attending the presentation are vocational rehabilitation
counselors. Demographic information would have included role within the USOR; a) rehabilitation counselor, b) choose to work specialist/employment specialist, and c) administration. The survey should also have asked participants the number of years as a rehabilitation professional, whether the individual has the designation of a Certified Rehabilitation Counselor (CRC), and the level of education obtained by the professional (Bachelor degree, Masters degree, etc); gender, race, and the locale for professional practice rural/suburban agency. The demographic information would have provided additional information regarding the professionals and the familiarity to the ethical code as well as familiarity with legislation. Analysis could also have been made regarding professionals in various locations throughout the state of Utah.

Another limitation involves the response choices. The survey should have provided only two options, yes and no. Instead, a neutral response choice was included which may have obscured some of the results.

Summary

The Workforce Innovation Opportunity Act (WIOA) reauthorized the Rehabilitation Act in order to assist individuals with disabilities to attain, secure and benefit from employment. The Act mandates significant changes for service delivery including collaboration, services to youth with disabilities, program performance measures, services to diverse consumers. The intent of the legislation is to improve services and increase successful outcomes for individuals with disabilities. However, the methods for WIOA implementation and performance measures have not been defined. WIOA is promising legislation and with counselor implementation of ethical principles, WIOA can provide a new opportunity to assist individuals with disabilities to obtain employment. Ethics allows the practitioner to examine his or her actions and decisions to comply with federal guidelines and service delivery. Thus, WIOA and the ethical guidelines can provide successful outcomes and quality of life for people with disabilities.
REFERENCES


U.S. Census Bureau, Americans with Disabilities: 2010 household economic studies, Current population reports, July 2012.


APPENDIX A

Slides from Presentation

Presentation

• April 27, 2016
• Utah State Office of Rehabilitation
• Visions System

WIOA General Characteristics

• Workforce Innovation Opportunity Act Public Law 113-128 replaces the Workforce Investment Act of 1998
• Amends the Adult Education and Family Literacy Act, the Wagner-Peyser Act, and the Rehabilitation Act of 1973
• Transfer of certain programs from Education to Health and Human Services
• Some changes to terminology which informs practice
Key Elements

• “Competitive Integrated” 411 (g)(5)(A)
• “A unified State plan, provision of vocational rehabilitation services...” (Section 112 State Plans (g)(4)
  □ Develop working relationships
  □ Referral of PWDs to programs and activities” (412 (f))
• Youth with Disabilities ages 16-24 (404 (a))
• Students with Disabilities ages 14-21 (404 (b) (1), (a2), (b)

General Characteristics

• Standards and Indicators
• Performance accountability measures

• 416 Section 116 (b)(a) Standards and Indicators
• expected levels of performance... Section 116 (Section
  116 (b)(a)
Summary

- Develop State plan

- Coordinate transition
  - Engage with schools - LEAs
  - Attend IEP meetings

- Improve & expand VR services for students with disabilities
  - Pre-employment transition services
  - Post secondary education opportunities
  - Employment
  - Benefits planning meetings

- Develop IPE

- Outreach to minority populations

Critique

- Poor defined outcomes
  - Standards and Indicators to Performance Measures
  - Not defined adequately – States left to determine

- Vague
  - Mandates what should do?
  - Without How to?

- Agencies, Counselors are left to interpret and determine how best to deliver rehabilitation services
• WIOA doesn’t have specifics

• Ethics
• Guides and informs practice

**Ethics & WIOA**

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**Integrative Decision Making Model** (Tanvydz, 2004)

• Interpret situation through Awareness & Fact finding
• Illuminate thinking, feeling, and contextual aspects
• Select an Action - competing non-moral values, personal blind spots or prejudices
• Self-awareness
• Attention to context
• Formulate an Ethical Decision
Transition

- Transition from school to postsecondary life
  - Employment outcome
  - Competitive integrated employment or
  - Pre-employment transition services

- Partnerships
  - Educational agencies
  - Job training programs
  - Medicaid program
  - Independent living, Housing
  - Transportation authorities
  - Workforce development systems
  - Businesses and employers

Transition

- 15 percent of the allotted funds for the provisions of pre-employment transition services
  - Job exploration counseling
  - Work-based learning experiences
  - Integrated environment
  - Enrollment in postsecondary educational
  - Workplace readiness training
  - Social skills and independent living
  - Self-advocacy

- Attend Individualized education program meetings

- Planning meetings Social Security benefits
Transition

- How ethics apply
- The law mandates services to youth with disabilities
- Ethics — encourages services
- What ethical principles are at play?

Diversity

- Minority groups
- Indian
- Alaska Native
- Native Hawaiian
- Unserved or underserved by programs
  - Academic
  - Occupational
  - Literacy skills
CRC Code

- Communicate
  - Developmentally
  - Culturally
- Consider cultural implications
  - Informed consent procedures

- Adjust practices accordingly

Explanation

- Rehabilitation counselors recognize diversity
- Embrace a cultural approach
- Support of the worth
- Dignity
- Potential
- Social and cultural context.
Case Scenarios - Ethics

- #1 Counselor attending IEP meeting
  - Non VR client
  - OOS eligibility

- #2 Transportation
  - Independence
  - Culture

- #3 Developing plan  90 days
  - Required by WIOA

- #4 Customized employment & Social Security

Survey Evaluation

- Logan, Ogden, Layton, Downtown, Valley West, Buffmire, South Valley, Provo, St George

- 72 participants

- 55 completed evaluations (76% response)
References

APPENDIX B
Supervisor Guide

Discussion and Implementation of WIOA and Ethical Considerations

Following the training supervisors and other leadership may wish to review concepts from the training for further discussion in order to enhance the learning experience.

Highlights from the Integrative Decision Making Model (Tarvydas, 2004).

- Interpret situation through Awareness & Fact finding
- Formulate an Ethical Decision
- Select an Action by Weighing competing non-moral values, personal blind spots or prejudices
- Plan & Execute the Selected Course of Action

Case 1
Develop an IPE in 90 days or client and counselor must agree to an extension

Max is a youth with a disability enrolled in Sunnyday High School. He is not interested in attending a planning meeting. He continues to reschedule. His mother is persistent in wanting Max to have services. Max’s mother agrees to attend a meeting and arrives without Max. She insists that the counselor develop a plan.

What ethical principles should be considered?

Case 2
State VR wishes to expand services to you. There is limited funding due to an Order of Selection. What are the ethical principles that should be considered when services are allocated to a specific population?

What should be considered for mandatory ethics? What is the aspirational ethics or what is the more ideal?
Legislation and Service Provision for Counselors

The Workforce Investment Opportunity Act (WIOA) requires that counselors engage with schools and establish partnerships. Knowledge of disability law will assist in providing services to youth in need of transition services.

Which Laws Do What?

WIOA

- Develop State plan
- Coordinate transition
  - Engage with schools - LEAs
  - Attend IEP meetings
- Improve & expand VR services for students with disabilities
  - Pre-employment transition services
  - Post secondary education opportunities
  - Employment
  - Benefits planning meetings
- Terms
- Develop IPE
- Outreach to minority populations
- Standards and Indicators – Performance Measures

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<thead>
<tr>
<th>What It Provides</th>
<th>IDEA</th>
<th>ADA</th>
<th>504</th>
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<tbody>
<tr>
<td>Legal rights for people with disabilities, which may include accommodations</td>
<td>X</td>
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<td>Special education and related services (such as speech therapy or counseling) that meet the individual needs of students</td>
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<td>An Individualized Education Program (IEP)</td>
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<td>A requirement that public schools identify and evaluate, at no cost to parents, kids suspected of having a learning disability</td>
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<td>Education funding for schools</td>
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<td>A requirement that</td>
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<td>schools give prior written notice before making changes to students’ services</td>
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<td>A “stay put” provision which keeps students’ services in place while parents and schools resolve IEP disagreements</td>
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<td>Freedom from discrimination in the workplace (with the exception of workplaces with fewer than 15 disagreements)</td>
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<td>A free and appropriate public education (FAPE) in the least restrictive environment (LRE) usually a general education classroom) for kids with disabilities</td>
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<td>Procedural safeguards to protect the students’ rights, spelling out what the schools can and can’t do when evaluating and providing special education services</td>
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<td>Due process for resolving disagreements between parents and schools</td>
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<td>Freedom from discrimination at private schools (including colleges and universities) that receive federal funding</td>
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<td>A 504 plan for eligible students</td>
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APPENDIX C

Survey

1. The presenter was knowledgeable about the subject matter being presented

   1 2 3
   Agree Neutral Disagree

2. The presenter for the training:
   a. Expressed ideas clearly

      1 2 3
      Agree Neutral Disagree

   b. Presented useful examples

      1 2 3
      Agree Neutral Disagree

   c. Thoroughness of content

      1 2 3
      Agree Neutral Disagree

3. I acquired new knowledge about WIOA

   1 2 3
   Agree Neutral Disagree

4. What new information did you learn about WIOA?

5. I acquired new skills or knowledge about Ethics

   1 2 3
   Agree Neutral Disagree

6. What new information did you learn about Ethics?

7. How familiar are you with the Integrative Decision Making Model presented

   1 2 3
   Agree Neutral Disagree

8. How will you use this training in your work?
Case 1
Stephanie is attending an IEP meeting. The student has not applied for VR services yet. The school has identified services but the agency is on an Order of Selection. During the IEP the family asks whether or not the youth will be eligible for services. Stephanie wants to assist the family yet be mindful of the current OOS. What ethical principles should be considered?

Case 2
Marie is interested in obtaining transportation independence. The counselor has an individualistic perspective and the youth has a collectivist perspective. The counselor recommends getting a driver license to fulfill pre-employment transition services. What are the ethical considerations?

Case 3
Terry is working with his client, Sheila, to develop a plan of services that will lead to her employment. Terry enjoys working with Sheila and believes that she is highly motivated to return to work. He feels that she is very talented and will make excellent use of services provided. Because of limited resources, Terry’s agency has decided that services must be prioritized so that people with the most severe disabilities must receive priority. He hurries and develops a plan in 90 days required by WIOA.

What principles are competing? What are the responsibilities?

Case 4
Competitive Integrative - Customized Employment
Jack loves animals he wants to work in a setting where he will have opportunity to be with animals. His mom and Dad have expectations for his education and work. Jack also receives social security benefits. His family is concerned how to pay for his services and how the family income will change if/when Jack goes to work.

What ethical principles are involved? What additional information is needed to address your ethical concerns?