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Addressing the Sticky Issue of How to Consolidate Rehabilitation Counseling Professional Associations

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Although the idea of consolidation has seemed to enjoy relative unanimity, the questions of who and how to consolidate have always proved a greater challenge. In this article, we describe rehabilitation counseling professionals' thoughts about these more challenging questions. More specifically, we sought greater understanding about whether private rehabilitation counseling providers and educators would like to see their specializations represented in a consolidated association. We also sought participant perspectives about how to consolidate through a combination of quantitative and qualitative inquiry. Results suggest that most participants desired to see a more inclusive consolidated association. Opinions were more mixed on how to consolidate the existing associations, with the greatest frequency of participants being undecided. Implications and recommendations grounded in the business and professionalization literature offer insights into how the discipline can proactively move forward in an effort to sustain our preeminence among human service providers in the provision of counseling and vocational services to people with disabilities.

The idea of consolidating rehabilitation counseling professional associations is not new (Shaw et al., 2006). Over the past half century, multiple, serious discussions have centered on the possibility of creating a single, unified association to represent rehabilitation counseling (Leahy & Tarvydas, 2001). In fact, there have been times when association leaders from both the American Rehabilitation Counseling Association (ARCA) and the National Rehabilitation Counseling Association (NRCA) agreed on the need to consolidate; however, contentions over how to consolidate ultimately caused these negotiations to fall apart. Then and now, the question of whether to consolidate feels easy compared to the questions of who and how to consolidate.

A brief historical review is necessary to fully capture the significance of the current study, and the reader is directed to the prologue of this special issue for a more complete discussion. The issue of consolidation is well documented in the rehabilitation literature with articles spanning several decades (Benshoff et al., 2008; Emener & Cottone, 1989; Field & Emener, 1981; Irons, 1989; Leahy et al., 2011; Leahy & Tarvydas, 2001; McCarthy, 2020; Nerlich, Landon, et al., 2022; Patterson, 2009; Peterson et al., 2006; Rasch, 1979; Salomone, 1972). In the 1990s for nearly ten years, the Alliance for Rehabilitation Counseling appeared to represent a successful attempt at consolidation, but ultimately,

efforts failed, and the organization dissolved (Leahy, 2009; Leahy et al., 1994, 2011). Since then, additional attempts have been made to align rehabilitation counseling organizations (e.g., Rehabilitation Counseling Coalition), but without involvement of all of the practice-focused rehabilitation counseling associations (ARCA, NRCA, and RCEA, Rehabilitation Counselors and Educators Association), attempts continue to fall short. The Rehabilitation Counseling Leadership Forum is the most recent collaborative aimed at developing shared goals and actions across associations and other organizations. As with the Rehabilitation Counseling Coalition, it does not have the involvement of all three general rehabilitation counseling associations.

Data previously described in this special issue clearly outlines the perspectives of rehabilitation counseling professionals regarding the issue of consolidation. Only 181 (6.9%) of 2,608 respondents were opposed to consolidating ARCA, NRCA, and the Rehabilitation Counselors and Educators Association (RCEA), and the other 2,426 were either in favor ($n = 1,217$; 46.7%) or unsure ($n = 1,210$; 46.4%; Phillips et al., 2022). Phillips et al. (2022) also showed that increased familiarity with these associations and with the issues surrounding consolidation correlated with an increased desire to consolidate. Delving further into the qualitative data, suggested that professionals perceive many potential benefits resulting from a consolidated rehabilita-

tion counseling professional association (Nerlich, Levine, et al., 2022). Themes among the 1,033 who provided a response in favor of consolidation included increased unity, a stronger external voice, cost savings, streamlined processes, reduced confusion, and the belief that it would generate greater membership. This data, in addition to previous conceptual arguments, compels us to continue with the more complex and potentially contentious questions of which associations to consolidate and how it might be accomplished, which is the purpose of this article.

We seek to inform future actions through three research questions. The first two are specific to the question of who to consolidate, while the third is focused on the question of how it should be accomplished.

Research Questions

1. Would private-for-profit rehabilitation counselors want to be part of a consolidated rehabilitation counseling association?
2. Would rehabilitation educators want the National Council on Rehabilitation Education to be part of a consolidated rehabilitation counseling association?
3. If rehabilitation counseling professional associations were consolidated to one primary association, how do participants feel it should be done?

One additional question of critical importance is whether rehabilitation counselors would like to see an organization focused on multicultural diversity and equity included in such an association. After reviewing the data, we determined that the qualitative and quantitative results for this question merited their own manuscript (see Levine et al., 2022) in this special issue.

Methods

The data for this article was generated through the same survey used by Phillips et al. (2022) and other articles in this special issue, and as a result, much of the methods for data collection, instrumentation, and procedures for this study are identical. We refer the reader of this article to Phillips et al. for a more complete description of these methods. It is important to note that the items aligned with research questions 1 and 2 were presented to only a subset of the total respondents who indicated they were professionals currently working in a private-for-profit rehabilitation counseling setting for research question 1 and faculty or doctoral students for research question 2. Participants were identified and recruited by email invitations through multiple sources including the listservs of (a) the Commission on Rehabilitation Counselor Certification (CRCC), (b) the Council of State Administrators of Vocational Rehabilitation (CSAVR) and their state agencies, (c) and multiple rehabilitation counseling associations and specializations. The sample size and specific demographic information for each of the questions is described in the results.

A complete description of the survey instrument, the Professional Association Survey, is provided in Phillips et al. (2022). It is important to note that feedback was so-

lited from leadership from CRCC, CSAVR, and multiple rehabilitation counseling association. Leadership personnel possessed varied perceptions on the issue of consolidation, and the survey was not distributed until everyone involved completed reviews and approval of the final instrument, which aided in the removal of any potential bias from the survey.

The research questions are answered through a combination of quantitative and qualitative data analysis. Quantitative analysis for this study is presented through descriptive data, while the qualitative data was analyzed using content analysis with elements of consensual qualitative research (Hill, 2012; Merriam & Tisdell, 2016). Procedures for the qualitative analysis included separate efforts to create the initial themes by two coders, followed by a consensus process to finalize these themes. The two coders then individually coded the remaining responses, seeking consensus whenever a disagreement arose. When consensus could not be achieved, a third coder was introduced to determine the final coding. Finally, an auditor reviewed the final data themes and coding and then provided feedback to the coders for a final review. All coders took time to consider and discuss potential biases they may have about who and how to consolidate in an effort to minimize the influence of these biases on the interpretation of the data.

Results

The Results section is broken down into two primary sections. Research questions 1 and 2 focus on who to consolidate and research question 3 focuses on how consolidation might be pursued and accomplished. We begin with the question of who to consolidate.

Who to Consolidate?

Research question 1 focused on whether private-for-profit rehabilitation counselors want to be part of a consolidated rehabilitation counseling association. Only respondents who reported practicing in a private-for-profit rehabilitation counseling setting were able to respond to items pertaining to this research question. Results are displayed in [Figure 1](#). Of the 418 participants working in a private-for-profit setting, 283 (67.7%) were in favor of this work setting being represented in a single, consolidated association, 110 (26.3%) were unsure, and 25 (6.0%) were opposed. Survey respondents were given the option to provide a rationale for their response. A total of 133 provided qualitative responses (including 13 opposed, 97 in favor, and 21 unsure). We analyzed each of the three groups of responses separately and summarize and describe them below.

[Table 1](#) shows the themes for the 97 participants who favored inclusion of the private-for-profit setting in a single, consolidated association. The largest theme ($n = 59$) focused on the important and unique role of private-for-profit rehabilitation counseling settings to the discipline of rehabilitation counseling. Under this theme, some focused on having representation in the consolidated association by stating it is "important that [we] be represented," and "I would like to have a say in the future of the profes-

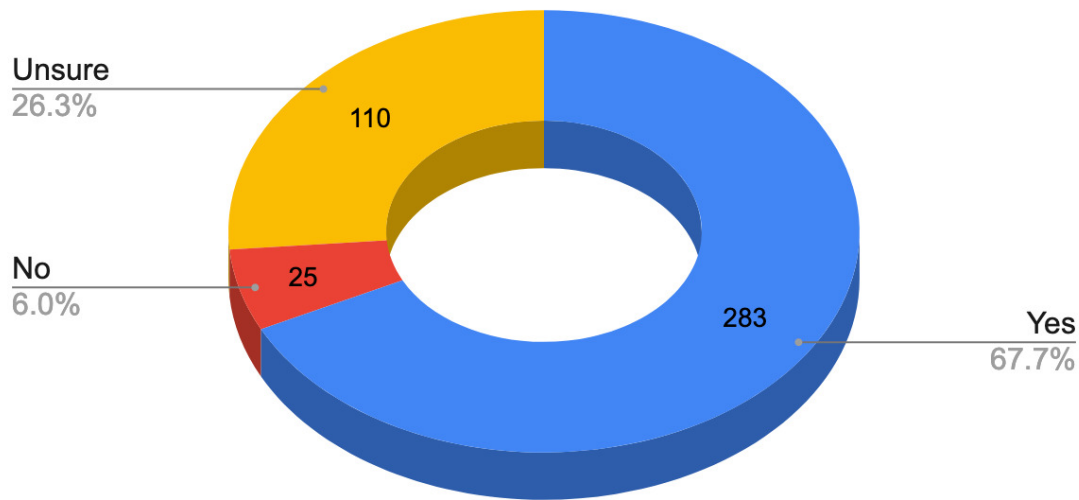


Figure 1. Private-for-Profit Perspectives on Whether to Include This Practice Setting in a Consolidated Association

Table 1. Themes for Those in Favor of Including the Private Sector in a Consolidated Association

Themes	Total		Typifying quote
	n	%	
Important role in the discipline	59	60.8	"Just because private rehab isn't non-profit should not exclude it from the larger field. We see many disabled adults who require rehabilitation counseling after our assessments. Hence it would be a major omission to exclude this group."
Unity, strength, and knowledge sharing	24	24.8	"If we are all in the same association, we can learn from each other, and have different divisions for specialties."
Other	17	17.5	

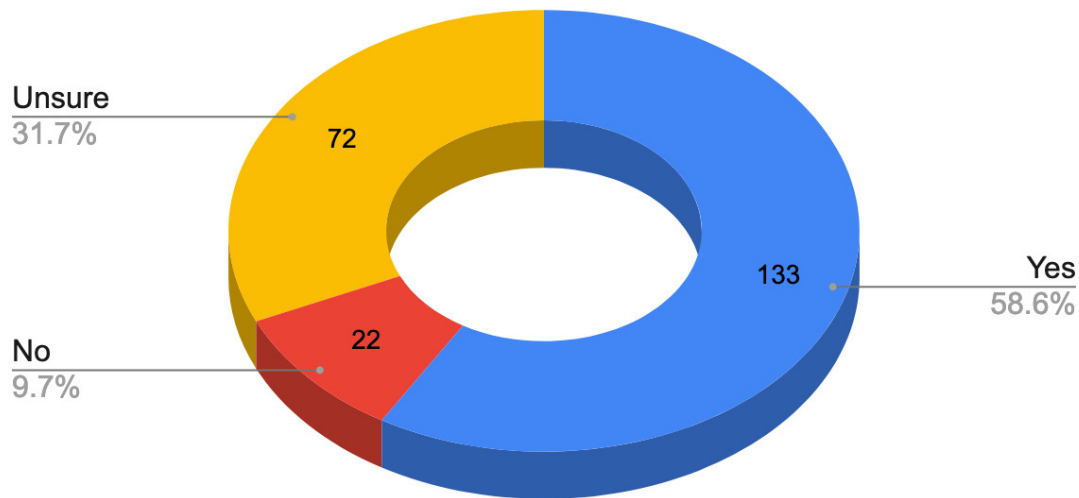
sion." Other participants emphasized the uniqueness private-for-profit settings bring to the discipline, "It is a legitimate form of rehab counseling and provides employment for a lot of people—it should be included." The next theme of unity, strength, and knowledge sharing was conveyed by 24 participants. This unity and strength was represented in comments like, "Public and private rehab folks mix very well, and their joint efforts promote growth in the quality and quantity of rehab services," and "Even though we may work in private rehabilitation, we are still VR counselors. We should be part of the main organization." Others focused on unity by stating, "The private and public rehabilitation professional groups should present a united front for consumers and funding sources," and that it, "makes sense to combine and share ideas, education, and expenses." The 17 comments in the "Other" category included comments showing general favor for the idea, the potential to attract new members, economic cost savings, and other thoughts, with none of the subthemes having more than two respondent comments.

[Table 2](#) shows the themes for the 13 participants who opposed inclusion of the private-for-profit setting. For the 13 qualitative responses from those opposed, eight responses focused on the uniqueness of private-for-profit rehabilitation counseling. "My [private-for-profit] work is unique. Diluting our interests is of no value to me." Another five spoke to their contentedness with what they had for association representation, typically referring to the International Association of Rehabilitation Professionals (IARP): "IARP fulfills the needs (CEUs, etc.) of private sector professionals." The 21 unsure comments primarily reflected the need for more information, apathy about the topic, or some other form of undecidedness.

Research question 2 focused on whether rehabilitation educators would like to see the National Council on Rehabilitation Education (NCRE) become part of a consolidated rehabilitation counseling association. Only respondents who reported working in a faculty position or being a doctoral student were asked to respond. Results are displayed in [Figure 2](#).

Table 2. Themes for Those Opposed to Including the Private Sector in a Consolidated Association

Themes	Total		Typifying quote
	<i>n</i>	%	
Distinctiveness of setting	8	61.5	“Private rehabilitation is distinctly different from ARCA, NRCA, and RCEA.”
Content with current representation	5	38.5	“IARP fulfills the needs (CEUs, etc.) of private sector professionals.”
Other	2	15.4	

**Figure 2. Faculty and Doctoral Student Perspectives on Whether to Include NCRE in a Consolidated Association**

Of the 227 participants who responded to this question, 133 (58.6%) reported being in favor of being part of a consolidated association, 72 (31.7%) reported being unsure about it, and 22 (9.7%) reported being opposed. Survey respondents were given the option to provide a rationale for their response. A total of 66 provided feedback (including 56 in favor, 12 opposed, and 17 unsure); their responses are summarized below.

[Table 3](#) shows the themes for the 56 participants who favored inclusion of NCRE. Among the qualitative responses, the largest theme ($n = 27$) focused on the increased unity and strength of the discipline for consolidating. Quotes coded under this theme included, “...join together to have more voice,” and “NCRE has been an amazing association, with potential to expand and grow. This is one way to do it.” Another 13 comments spoke to the importance of consolidation for reducing the gap between practitioners and educators: “Including NCRE into a primary association would help shrink the research-practice gap.” Seven responses emphasized the financial savings from not having to join multiple associations and attend multiple conferences. The myriad of potential benefits to members is ex-

emplified by the following response: “I would like to see NRA and NCRE folded into one organization with ARCA, NRCA, and RCEA to improve our advocacy efforts, save counselors money, and promote one unified identity for the rehabilitation counseling specialty.” The 17 comments in the “Other” category included comments showing general favor for the idea, the potential to attract new members, and other thoughts, with none of the subthemes having more than two respondent comments.

[Table 4](#) shows the themes for the 12 participants who opposed inclusion of NCRE. Among the responses, four focused on the uniqueness of NCRE from existing associations: “I think that NCRE is more education than practice oriented—so distinct.” Another three suggested aligning or collaborating in other ways; these suggestions typically referred to ACA and ACES: “We should join ACA and ARCA and ACES. The voice of rehabilitation education should permeate through ACES.”

The 16 unsure comments primarily reflected ambivalence about the change with a recognition of both pros and cons of a single professional association: “Can see pros and cons. NCRE seems to be doing okay on its own. I’m

Table 3. Themes for Those in Favor of NCRE in a Consolidated Association

Themes	Total		Typifying quote
	<i>n</i>	%	
Strengthen unity and voice of the discipline	27	48.2	"Need for unified voice and identity."
Integration of practitioners and educators	13	23.2	"It makes no sense to have the education wing of the profession disconnected from the practitioner side. They should be in contact with each other so those of us in the field don't have to keep telling new counselors to forget most of what they learned in school in order to become effective counselors in the field."
Economic benefits	7	12.5	"It is extremely difficult to be a member of multiple associations and expect students to also participate in all these organizations. Consolidation would be beneficial for students financially. Also, members would not have to prioritize which conference the program will support."
Other	17	30.4	

Table 4. Themes for Those Opposed to Including NCRE in a Consolidated Association

Themes	Total		Typifying quote
	<i>n</i>	%	
Distinctiveness of setting	4	33.3	"NCRE is focused on education and should remain separate, similar to ACA and ACES."
Align or collaborate differently	3	25.0	"We all should join ACA and ARCA and ACES."
Other	5	41.7	

not sure the same can be said for the others." Concerns over the need for more information and how the unification process would be accomplished were also expressed among this group.

How to Consolidate?

The third and final research question focused on the best approach to consolidation and was asked of all respondents, regardless of work setting or affiliation. Respondents were asked to consider a hypothetical scenario in which rehabilitation counseling associations were consolidated and indicate which approach to consolidation would be the strongest option for the future of rehabilitation counseling. Participants were provided with the following options: (a) consolidate under a new, freestanding professional association; (b) consolidate under the American Counseling Association (either as ARCA or by a new name); (c) consolidate under the National Rehabilitation Association (either as RCEA or under a new name); (d) consolidate under the National Rehabilitation Counseling Association; or (e) consolidate in another way. Results from the 2,512 participants who responded can be found in [Figure 3](#).

As noted in [Figure 3](#), the majority of participants ($n = 776$; 30.9%) had no opinion on how to consolidate. Excluding this group, the most common choice was to consolidate under a new, freestanding association ($n = 648$; 25.8%). This was followed by 434 (17.3%) respondents who selected consolidation under NRCA, 389 (15.5%) under ACA, 240 (9.6%) under NRA, and 25 (approximately 1.0%) who opted to consolidate in another way. Those selecting the latter option

were asked to describe the alternative approach to consolidation they would choose. Among the 25 who chose to consolidate in another way, nine provided a description of their preferred alternative for consolidation. These, in descending order, were IARP and CRCC (each with four), followed by the American Psychological Association (APA) and NCRE with one response each. At the conclusion of the survey, we asked participants for final thoughts on the consolidation debate. Qualitative analysis was conducted with all responses that were relevant to the process for consolidation.

Suggestions for Process

There were 193 responses focused on the process for consolidation, providing important insights on the *how* of consolidation. The most common suggestions for the process of aligning under a single professional association, in order of descending frequency, were strategies for consolidation ($n = 55$), accounting for differences or schisms within rehabilitation counseling ($n = 43$), information dissemination ($n = 33$), cost-benefit analysis ($n = 31$), selecting a name ($n = 19$), and accounting for self-interest within the discipline ($n = 12$). [Table 5](#) lists each process theme along with a synthesis of the rationales provided under each one.

Several practical ideas for the process of working towards and establishing a consolidation were shared, with respondents noting potential actions, opportunities, and barriers.

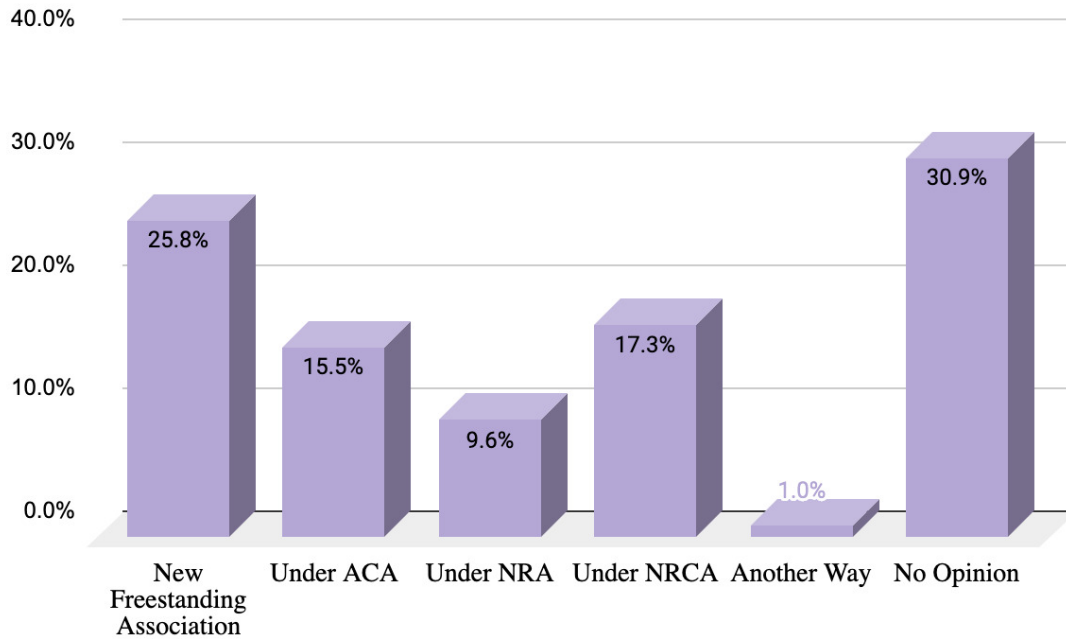


Figure 3. Preferred consolidation option for the future of rehabilitation counseling.

Discussion

Tansey and Garske (2007) suggested that organizational leadership should value the past, but not be constrained by it. Knowing that most participants are either in favor of or unsure about consolidation, our results provide insights as to how rehabilitation counseling professional associations can move forward. First, the data suggests that professionals from the private-for-profit sector supported being part of a consolidated association. The same was true for members of NCRE. Qualitative results aligned with the quantitative data in that the variety and volume of responses were greatest for those supporting consolidation. An overarching theme across both groups was focused on the potential unity and strength that could be gained from a more inclusive consolidated association. Combining resources and streamlining processes was noted by many as a mechanism for new possibilities. We conservatively framed the study to focus primarily on the potential consolidation of ARCA, NRCA, and RCEA. However, this data suggests that the majority of those with an opinion would like to see a consolidated association that is inclusive of the many specializations that make the discipline of rehabilitation counseling what it is today.

The lack of agreement about how to consolidate structurally is not surprising. This was the most challenging aspect of previous attempts to consolidate the associations just as it will be for any future efforts. As described in [Table 5](#), participants provided rich insights into the process of how consolidation might be pursued and even achieved. These suggestions focused on the principles of inclusivity, respect, transparency, and a commitment to preserving the unique strengths and emphases of the current associations. On the topic of transparency, participants cited a need to

better understand what currently exists, including similarities and differences in mission and purpose of the various professional organizations. Multiple respondents requested a consideration of potential pros and cons from multiple perspectives, something that is provided in Nerlich, Levine, et al. (2022) in this special issue. Emphasis was placed on sharing information throughout any consolidation process through all rehabilitation counseling associations, divisions, and organizations. CSAVR and CRCC were specifically named as having a role in dissemination to people who are not currently members of any rehabilitation counseling association.

Multiple people spoke to a taskforce representing the various interests and settings of rehabilitation counseling, with a focus on designating a group that is more constant than the typical year term of an association president. Relatedly, participants argued for the importance of developing a mission statement for a consolidated association that is broad enough to capture priorities across the rehabilitation counseling continuum. Some noted the importance of keeping people with disabilities at the forefront of the reorganization process and prioritizing an emphasis on diversity in all aspects of a consolidated association, a perspective that is closely aligned with Hartley and Saia (2022) in this special issue.

Among the most important messages in accounting for differences and schisms was the need to maintain our rehabilitation counseling identity. In comments that focused on previous schisms between specializations or philosophies, there was often a hope that a consolidated association may be able to bridge historical gaps and enhance the overall unity of the discipline. It was clear from the comments that many individuals and groups have felt marginalized in times past by entities in the discipline. Several responders

Table 5. Suggestions for Consolidation Process (n = 176)

Themes and participant rationales
<p>Strategies for consolidation (n = 55)</p> <ul style="list-style-type: none"> • Review and learn from previous efforts to consolidate associations • Bring strong leadership and team building to the process • Seek input from all individuals and specialties in rehabilitation counseling • Be fully inclusive <ul style="list-style-type: none"> ◦ Create a value or vision statement that is inclusive of all rehabilitation counselors • Appoint representatives from each interested organization to be part of a task force for consolidation that will (a) identify strengths and missions of current associations, (b) determine a shared mission, (c) deliberate elements of organization structure, (d) consider balance of power and provide checks and balances to that power, and (e) commit to meeting diverse needs for community, education, and service. <ul style="list-style-type: none"> ◦ Make multi-year assignments to minimize disruptions from yearly leadership changes • Coordinate consolidation efforts with other rehabilitation counseling institutions and organizations • Keep needs of people with disabilities at the forefront and prioritize diversity broadly • Represent rehabilitation counseling specialties as divisions of the consolidated association or develop formal processes for working together with these specialties as external associations • Ensure relationship with ACA is maintained (assuming consolidation outside of ACA) <ul style="list-style-type: none"> ◦ Overlap conference with ACA conference • Create a local, regional, and/or state presence • Limit association membership to rehabilitation counselors • Transfer existing memberships to the consolidated association at time of consolidation • Provide a vibrant and up-to-date website • Avoid creation of a new association without an assurance of consolidating existing ones • Consider the inclusion of international rehabilitation counseling associations • Look to the success of IARP as a potential model <p>Account for differences and schisms within rehabilitation counseling (n = 43)</p> <ul style="list-style-type: none"> • Overcome perceived bias in rehabilitation counseling associations against private rehabilitation and vocational evaluation • Include new voices as well as more experienced voices • Include those who have never joined a rehabilitation counseling association • Include the perceptions and needs of students • Include international perspectives • Include practitioners as well as educators • Avoid marginalization or minimization in broader counseling profession • Ensure maintenance of rehabilitation counseling identity • Remain sensitive to the needs of those strongly identified with an existing association • Build around unique strengths of each current association and incorporate philosophical differences • Include a strong focus on diversity, equity, inclusion, and accessibility <p>Information dissemination (n = 33)</p> <ul style="list-style-type: none"> • Provide clear information on the importance of membership • Educate people on the current associations, including differences and similarities in their mission and purpose • Provide a list of pros and cons of consolidating from multiple perspectives in the discipline • Provide information about plans for consolidating and be transparent in their development • Ask current rehabilitation counseling associations and organizations to disseminate more information • Use focus groups to guide planning and decision-making • Employ social media to disseminate information • Provide sufficient marketing of a consolidated association to entice membership <p>Cost-benefit analysis (n = 31)</p> <ul style="list-style-type: none"> • Consolidation would require a great deal of commitment, time, and effort from those leading it • Consolidation will need to improve the return-on-investment to get and keep new members • Beliefs that membership costs would be higher in a consolidated association • Beliefs that membership costs would be lower in a consolidated association • Provide transparency about what membership fees are spent on • The current cost of membership can be a significant strain • Ensure that there are benefits that would appeal to rehabilitation counselors across the different settings not just to academics <p>Selecting a name (n = 19)</p> <ul style="list-style-type: none"> • The term <i>rehabilitation counseling</i> needs to be in the name of a consolidated association • Avoid using the acronym NRA because of its ties to the National Rifle Association • The NRA is easily identified • Create a new name rather than using an existing one to reduce contention • Use an existing name to reduce confusion • Consider that the term rehabilitation is often misinterpreted by the public <p>Account for self-interest (n = 12)</p> <ul style="list-style-type: none"> • Concern that association leadership may not be interested in giving up power or position, even if it is best for the discipline

 Themes and participant rationales

- Associations and their boards are designed for self-preservation
 - There may be a fear of change among decision makers
 - Seek cooperation in the face of self-interest
 - Concern that association leaders will have a difficult time putting talk to action
 - Statements that the focus of association leadership should be on the needs and desires of their members
 - Association leadership sometimes have inordinate amounts of power to decide action without considering the desires of members
-

saw divisions or specialties within the consolidated association as key to accounting for and celebrating our differences, rather than competing over them.

Practical Implications

When considering practical implications, we lean into the lack of agreement about structuring a consolidated association (see [Figure 1](#)), using the broader professionalization and business literature as a foundation for our discussion. Qualitative comments made clear that there are many strong and emotionally charged opinions on this topic. These often conflicting and strongly held opinions highlight the challenges inherent in efforts to come to a shared agreement on how to consolidate. In this challenging context, the efforts and expertise from other disciplines, such as mergers and acquisitions, may provide direction as to how rehabilitation counseling can move forward with forging a successful merger between associations.

Mergers may take two primary forms, which Hannan and Carroll (1992) refer to as *absorption by merger* and *equal status merger*. The former refers to situations in which one organization dissolves and assimilates within another, with the enduring organization either keeping or changing its name. The latter occurs when the two merging organizations both dissolve and establish a new entity that integrates aspects of the original organizations (Kohm et al., 2000; Pietroburgo & Wernet, 2010). In the for-profit sector, it is rare to see the merger of true equals because one organization typically has more resources and assets than the other. Regardless of how equal the relationship, in a healthy merger, the focus should remain on the interplay of strengths and weaknesses and how strengths can minimize weaknesses during the merger process (La Piana, 1997; McLaughlin, 1996).

The underlying reasons organizations or associations consider and ultimately proceed with a merger will depend on their economic sector (Pietroburgo & Wernet, 2010). Within a for-profit context, mergers tend to be financially- or market-driven (McCormick, 2001). Nonprofit mergers tend to be driven by an overarching mission and serve as a strategy to combat resource scarcity and environmental uncertainty (McCormick, 2001; Wernet & Jones, 1992). Traditionally, nonprofit mergers occur to ensure money raised through the organization is being most responsibly allocated toward the mission of the organization, commonly referred to in nonprofits as *stewardship* (McCormick, 2001). The concept of stewardship within nonprofit mergers also extends to an indication from the leaders of the organiza-

tion that they are doing all they can to better the organization for both supporters and constituents (McCormick, 2001). Rehabilitation counseling leadership have a shared responsibility to act as stewards of the discipline's associations (Miller & Chorn, 1969). Such stewardship requires maintaining a critical eye toward the future, taking necessary risks to advance the field, and considering the preparation of new leaders (Golde, 2006; Leahy et al., 2011).

Several models or theories explain mergers and acquisitions, with the most prominent being efficiency models, process models, and empire building (Trautwein, 1990; Wernet & Jones, 1992). Most relevant to merging professional organizations within rehabilitation counseling is the process model. Unlike the previous two models, which are predominantly motivated by the expected financial or political outcomes of a merger or acquisition, the process model emphasizes the interpersonal dynamics of a merger and the post-merger outcomes; it suggests the *process* is a vital determinant in the effects of the outcomes (Jemison & Sitkin, 1986; Pietroburgo & Wernet, 2007). Most fitting to the general sentiments on the merger of professional associations within the rehabilitation counseling field, the process model considers the competing and complimentary interests of those involved in negotiating a merger; people's objectives, motivations, needs, goals, and expectations are emphasized throughout the process (Pietroburgo & Wernet, 2007). Of paramount interest in the process between merging entities is to find common ground, reconcile past differences, and focus on conflict resolutions and solutions that appease stakeholders at various levels (Pietroburgo & Wernet, 2007, 2010).

The American Association of Nurse Practitioners can serve as a model for the rehabilitation counseling field and professionals while conducting merger negotiations. In July 2012, the American Academy of Nurse Practitioners (AANP) and the American College of Nurse Practitioners (ACNP) announced they would be consolidating to form a new organization, the American Association of Nurse Practitioners. The proposed consolidation aimed to position a new organization that would (a) capitalize on growth and demand for nurse practitioners; (b) shape and direct policy and legislative priorities; (c) seek to achieve shared goals and objectives; (d) provide resources for research, education, and grant writing; (e) increase public awareness; and (f) secure international growth opportunities (AANP and ACNP, 2012).

By November 2012, the two organizations officially announced intentions to move forward with the consolidation, which the organizations stated would add a strong and

unified voice to the profession by providing cohesiveness in terms of goals, messages, strategies, and resources, and allowing them to best serve their patients and families (Hoppe, 2013). The merger between AANP and ACNP resulted in a new organization with a new name that combined strengths of the two original organizations to continue to reflect not only the values of the previous organizations, but the newfound values and missions that grew out of and were represented by the formation of the new entity (O'Grady, 2012). The decision to consolidate ultimately addressed concerns raised by O'Grady (2011) that the advanced practice nurse practitioner field would not have an influential voice for their discipline if multiple, duplicative associations were in place. The American Association of Nurse Practitioners, along with the business literature explored in this section, provide strong foundational information and guidelines to initiate consolidation of rehabilitation counseling professional organizations.

Additional Recommendations

Based on the generally accepted and recognized need for consolidation by participants, recommendations for how to proceed are now presented. It is not anticipated, nor would we encourage any consolidation efforts to be rushed with the need to account for many ideologies and viewpoints. The overarching theme central to the unification process is excellence in services provided to persons with disabilities that results in maximal inclusion. Maintaining this central goal will help to bring focus to the purpose of unification and serve as an anchor point through future discussions. Specific recommendations are as follows.

Participant responses indicated a need to focus on rehabilitation philosophy throughout the unification process. Some of the unifying elements of the profession are driven by the values espoused in the CRCC Code of Professional Ethics (2017). Found in the preamble, some of the values foundational to the profession include: "Respecting human rights and dignity... promoting empowerment through self-advocacy and self-determination, appreciative the diversity of the human experience and appreciating culture, and emphasizing client strengths versus deficits" (CRCC, 2017, pp.

4–5). Focusing on the values inherent to rehabilitation philosophy aligns with the ethical principle of *beneficence*, or doing the most good and promoting client well-being (CRCC, 2017, p. 5). Indeed, it could be argued that a diluted and weakened advocacy effort, resulting from multiple professional associations, is an ethical violation of which the profession should be embarrassed. The professional values of rehabilitation counseling draw people to the profession and should be used as the foundation upon which the unification process begins and ends.

Conclusion

The present study focused on the who and how of consolidating rehabilitation counseling professional associations. In renewing efforts to merge, rehabilitation counseling professionals must consider a merger as a constructive opportunity (La Piana, 1994). As noted by participant responses, this effort is more likely to succeed when it includes an understanding and appreciation of knowledge gained through previous efforts and current expertise. It is beyond question that ARCA, NRCA, and RCEA share a mission to better the lives of individuals with disabilities. The nurse practitioner associations sought a merger to not only better their profession, but also their patients. It is critical for rehabilitation counseling leadership and practitioners to ask whether the same would be true for us. With a common goal and a respectful, inclusive, and transparent process, leadership may find the way to carry out the will for a stronger association in the future. As Wright (1974) voiced, our utmost commitment is to the rehabilitation counseling client—not the association. It is our hope that this data, along with supporting literature and examples of consolidation, will encourage leadership of rehabilitation counseling associations to move forward motivated by the question of what would be best for the discipline, rather than what would ensure the survival of their corresponding associations. We believe that such action will strengthen our position among helping professions as the preeminent provider of counseling and vocational services to all persons with disabilities.

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