

Topical Manuscript

# Contemplating Consolidation: Acting on a Decades Old Call to Survey Professionals in the Discipline

Brian N. Phillips<sup>1 a</sup>, Quiteya Walker<sup>2</sup>, Teresa A. Grenawalt<sup>3</sup>, Paige Dunlap<sup>4</sup>, Jill L. Bezyak<sup>5</sup>, Catherine A. Anderson<sup>6</sup>, Andrea Perkins Nerlich<sup>7</sup>, Allison Levine<sup>8</sup>

<sup>1</sup> Utah State University, <sup>2</sup> Winston-Salem State University, <sup>3</sup> The University of Alabama, <sup>4</sup> North Carolina A & T State University, <sup>5</sup> University of Northern Colorado, <sup>6</sup> University of Wisconsin-Madison, <sup>7</sup> Hofstra University, <sup>8</sup> University of Iowa

Keywords: professionalization, professional associations, rehabilitation counseling

<https://doi.org/10.52017/001c.37922>

---

## Rehabilitation Counselors and Educators Journal

Vol. 11, Issue 2, 2022

---

Most professions are represented by one unified association, but not rehabilitation counseling. From its earliest years of professionalization, rehabilitation counseling has been represented by multiple associations. Initially, representing the discipline through multiple associations was deemed necessary to capture nuanced differences within the field. However, the existence of multiple associations has come under increasing scrutiny in the face of declining membership and a changing professional and political landscape. The lively debates of the 1970s and 1980s have more recently devolved into what seems to be an apathy induced stalemate on this issue of consolidation. The primary aim of this article is to revitalize a conversation about the future of rehabilitation counseling associations by assessing professionals' perspectives on consolidation. Data from 2,608 rehabilitation counseling professionals indicated that the majority of participants either favored consolidating into a single association or were unsure of their choice. Fewer than 7% of respondents opposed consolidation. We conclude the article with a brief discussion of actions that are supported by the research.

For over four decades, leaders in rehabilitation counseling have debated the existence of multiple rehabilitation counseling associations to represent the discipline. Never has this issue been given more attention than in 1981 when the *Journal of Applied Rehabilitation Counseling* dedicated a special issue to the topic. Although some issues have evolved and new associations have been formed, the foundational arguments are just as relevant and unresolved today as they were 40 years ago. At the conclusion of his special issue, Emener (1981) refrained from stating an opinion on whether the discipline's associations should consolidate or remain as they were, emphasizing instead the need to seek the opinion of rehabilitation counselors. The last sentence of Emener (1981, p. 94) states, "In an age of consumerism, why not poll the opinions of our constituents?" In this article, we report the opinions of rehabilitation counseling constituents on the question of consolidation. We hope this data will support a move from a seemingly endless debate to action, regardless of what that action might be. As the past four decades have illustrated, failing to act holds at least as many risks as action, and indecision can be a highly consequential decision (Davis, 2012; Emener, 1981; Nerlich et al., 2022).

### The Consolidation Debate

As described more fully in the prologue of this special issue, in 1958, the American Rehabilitation Counseling Association (ARCA) and the National Rehabilitation Counseling Association (NRCA) were created as complimentary divisions of the American Counseling Association (ACA) and the National Rehabilitation Association (NRA), respectively. As the amount of collaboration increased and as membership growth slowed in the mid to late 1960s and 1970s, people increasingly questioned the rationale of maintaining two rehabilitation counseling professional associations (Salomone, 1971, 1972). For instance, acting as President of ARCA in 1974, George Wright used his president's messages to ask whether rehabilitation counseling associations (consisting then of only ARCA and NRCA) were "too fragmented" (Wright, 1974, p. 68). Even earlier, Richard Thoreson suggested in his ARCA President's Message that the idea of consolidating had been gaining attention, as he sought to debunk what he referred to as the myth that "ARCA and NRCA represent an irreconcilable duplication of effort" (Thoreson, 1971). While acknowledging a growing overlap in membership, Thoreson (1971) argued for the uniqueness of the organizational missions in

emphasizing that, although ARCA and NRCA shared a special interest in vocational rehabilitation and the parent discipline was counseling, the parent association for ARCA (ACA) was composed of counselors from a wide variety of settings, while the parent association for NRCA (NRA) was composed of professionals from a variety of disciplines identifying with vocational rehabilitation. Additional concerns about fragmentation and calls for consolidation (e.g., Linkowski, 1980; Rasch, 1979; Reagles, 1980) also contributed to the ongoing debate surrounding this issue.

The 1981 special issue on consolidation was the first and last special issue to focus on this topic. It reflected presentations that took place at a National Council on Rehabilitation Education (NCRE) conference earlier that same year and included 13 articles from leaders in the discipline. Those in favor of consolidation emphasized declining association membership, limited power in advocating outside the discipline, and identity confusion as primary arguments for consolidating (Brubaker, 1981; Pawlak & Placido, 1981; Reagles, 1981). Those opposed to consolidation most came from specialty groups in rehabilitation counseling (e.g., Vocational Evaluation and Work Adjustment Association) who were worried about their specialization experiencing a potential loss of power or influence if consolidated to a single rehabilitation counseling association (Nadolsky, 1981; Roberts, 1981). Despite the special issue becoming the “benchmark publication” it was intended to be (Field & Emener, 1981, p. 59), no decisive action was taken, and Emener’s (1981) call to survey rehabilitation counselors did not occur.

The debate over consolidation has continued in the literature since the special issue (Benshoff et al., 2008; Emener & Cottone, 1989; Field & Emener, 1982; Irons, 1989; Leahy et al., 2011; Leahy & Tarvydas, 2001; McCarthy, 2020; Nerlich et al., 2022; Patterson, 2009; Peterson et al., 2006). In fact, at the turn of the century, ARCA and NRCA appeared like they would consolidate into one professional association representing rehabilitation counselors from all the practice settings (Leahy et al., 2011; Leahy & Tarvydas, 2001). Despite agreeing on the benefits of consolidating, the *how* of consolidation proved too difficult to achieve (Peterson et al., 2006). The Alliance for Rehabilitation Counseling that flourished for eight years during the 1990s and drove the consolidation effort was disbanded after unification efforts failed in 2002 (Leahy, 2009; Leahy et al., 1994, 2011). New alliances have sprung up since that time (e.g., Rehabilitation Counseling Coalition), but none have included all of the general rehabilitation counseling associations (ARCA, NRCA, and RCEA, Rehabilitation Counselors and Educators Association, a division of the National Rehabilitation Association), nor have they prioritized consolidation to the same extent as the Alliance for Rehabilitation Counseling. Most recently, the Rehabilitation Counseling Leadership Forum (RCLF) was created with a mission to increase collaboration in addressing critical issues in the discipline. It is through this initiative that the following study was developed and disseminated in order to gain an improved understanding of the current knowledge, perceived importance, and general opinions of consolidation. Specif-

ically, this article will address the following research questions:

## Research Questions

1. How familiar are rehabilitation counselors with the three primary rehabilitation counseling professional associations or divisions?
2. How knowledgeable do rehabilitation counselors report being about the debate around the consolidation of rehabilitation counseling associations?
3. What is the perceived importance of the debate around consolidation for the future of the profession of rehabilitation counseling?
4. What perceptions do rehabilitation counselors have about the decision of whether or not to consolidate rehabilitation counseling associations?
5. What factors predict perceptions of whether or not to consolidate among rehabilitation counselors?

## Methods

### Participants

The target population for this study included individuals practicing, supervising, administering, or teaching rehabilitation counseling. 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. Due to the many channels for dissemination, calculating a response rate is not possible. Of the 2,883 people who initiated the survey invitations for survey participation, 2,608 completed it with less than 10% of missing data. This equals a completion rate above 90% among those who initiated the survey.

Of the 2,608 participants, 1,771 held membership in at least one association at some point in their careers and another 835 did not hold a membership; three additional participants did not respond to this question. Specific to the three primary rehabilitation counseling associations (ARCA, NRCA, and RCEA), the majority of participants ( $n = 1579$ ; 60.5%) had never held membership in any of them. Among the remaining participants, 804 (30.8%) had previously held membership in at least one of these associations, and 316 (12.1%) were a current member of at least one of these associations. [Table 1](#) shows participants’ membership status for each rehabilitation counseling professional association or division. Because professionals could hold multiple memberships, membership exceeds the 316 participants currently holding membership in at least one of the three associations. Demographic data of the participants will be shared in full in the Results section.

### Instrumentation and Procedures

The instrument for this study, the Professional Association Survey, was created and designed in a collaborative ef-

**Table 1. Professional Association Membership Status in Rehabilitation Counseling Professional Associations**

Membership status	Association					
	ARCA		NRCA		RCEA	
	n	%	n	%	n	%
Current	157	6.0	178	6.8	63	2.4
Former	387	14.8	640	24.5	134	5.1
Never	2,064	79.1	1,790	68.6	2,411	92.4

fort to meet the objectives previously outlined. The RCLF steered this process, with the first author of this study (not a member of the RCLF) leading survey design and creation efforts. Survey items were based on an extensive review of the literature and on input from leadership across multiple rehabilitation counseling organizations and associations. A primary goal of the survey was to ask questions about consolidation in a neutral tone to provide space for participants to provide honest responses. To achieve this aim, the survey went through multiple revisions based on the review of leadership from CRCC, CSAVR, and the multiple professional associations. The survey was not disseminated until all parties solicited had an opportunity to review and approve how the feedback was implemented. Notably, leadership personnel who assisted with the review and revision of the instrument varied widely in their perceptions on the future of rehabilitation counseling associations and the desirability of consolidating. The online Qualtrics survey was opened for dissemination in September of 2021 and closed in December of the same year. Multiple invitations and reminders were sent to the leadership of designated rehabilitation counseling associations and organizations requesting they disseminate the survey to their constituencies during this window of time. With our goal of reaching as many rehabilitation counseling professionals as possible, dissemination was encouraged from any rehabilitation counseling entity willing share it with their constituencies. The exact number of entities that sent the invitation, the number of invitations sent to potential participants by these entities, and the number of professionals reached through these invitations was not recorded.

The full survey consists of 38 questions, including 14 demographic questions. Participants were also asked to report their membership status in and identification with multiple professional associations (e.g., ARCA, NRCA, RCEA, International Association of Rehabilitation Professionals [IARP], ACA, NRA, and NCRE). Respondents were also asked to report their level of familiarity with the associations, the ongoing discussion of whether to consolidate, and the overall importance of this discussion using a five-point Likert scale with responses ranging from 0 (*Not at all familiar or important*) to 4 (*Extremely familiar or important*). For example, participants were asked, “How familiar are you with the ongoing discussion focused on whether or not to consolidate rehabilitation counseling professional associations and divisions?” and “How important do you view the decision of whether or not to consolidate rehabilitation coun-

seling professional associations and divisions to the future of rehabilitation counseling?”

To capture perceptions about consolidation, respondents were asked, “Do you feel that the general rehabilitation counseling association and divisions (ARCA, NRCA, and RCEA) should be consolidated into one professional association?” with respondents being able to select *Yes*, *No*, or *Unsure*. Regardless of the selected choice, participants were asked to provide a rationale for their response. Additional questions focused on the likelihood of recommending rehabilitation counseling associations to a colleague, effective approaches to consolidation, and motives for current membership status. These latter questions are the focus of other articles in the special issue and will be described fully in each one.

## Results

In our first three research questions, we sought to understand how familiar participants were with the three primary rehabilitation counseling associations or divisions and the debate around whether to consolidate those associations. We also sought participant perceptions of the importance of this debate. Results for each question are illustrated in [Table 2](#).

As shown in [Table 2](#), more than half of respondents had little to no familiarity with the three primary rehabilitation counseling associations, and over three-quarters had little to no familiarity with the debate revolving around the consolidation of rehabilitation counseling associations. Despite limited familiarity, the vast majority of respondents viewed this debate as being at least somewhat important for the future of rehabilitation counseling.

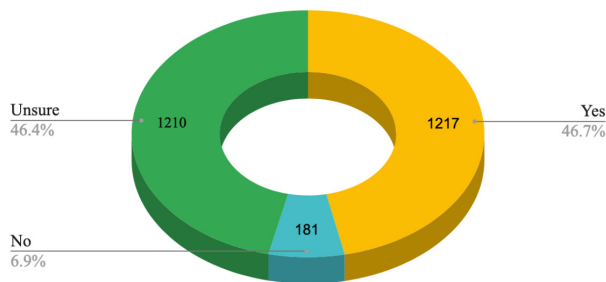
## Perceptions of Consolidation

Research Question 4 focused on rehabilitation counselors views on consolidation, and the survey item asked, “Do you feel the general rehabilitation counseling association and divisions (ARCA, NRCA, and RCEA) should be consolidated into one professional association?” Respondents could select *Yes*, *No*, or *Unsure*. Results are displayed in [Figure 1](#). As shown in the figure, responses were evenly split between those who desired a consolidation of rehabilitation counseling associations and those who were unsure. A small minority (6.9%) reported being opposed to consolidation.

For the fifth and final research question, we sought to predict what factors might influence participant choice of

**Table 2. Frequency of Responses for Research Questions 1 - 3**

Research questions	Not at all n (%)	Slightly n (%)	Somewhat n (%)	Moderately n (%)	Extremely n (%)
1. Familiarity with RC associations	611 (23.4)	788 (30.2)	691 (26.5)	402 (15.4)	114 (4.4)
2. Familiarity with consolidation debate	1404 (53.8)	610 (23.4)	368 (14.1)	157 (6.0)	64 (2.5)
3. Importance of consolidation debate	261 (10.0)	379 (14.5)	763 (29.3)	640 (24.5)	542 (20.8)

**Figure 1. Participant Views of Consolidation**

whether to consolidate rehabilitation counseling associations. Low cell counts resulting from the small number of participants opposing consolidation prevented the use of logistic regression to analyze differences. Descriptive statistics and Pearson chi-square analyses were conducted instead, with the Bonferroni correction applied to account for running 13 analyses ( $p < .004$ ). Without any hypotheses about the relationship between respondent characteristics and opinions about consolidation, we began with an exploration of the data. Table 3 shows participant demographics broken down by those who favor, oppose, and are unsure about consolidating associations. Only variables with an asterisk were significant at  $p < .004$ .

Differences were detected in race ( $\chi^2 = 25.78$ ,  $df = 8$ ,  $p = 0.001$ ), with Black respondents being more likely to oppose consolidation and White respondents being more likely to report being unsure. Differences were also significant for highest degree earned ( $\chi^2 = 74.32$ ,  $df = 4$ ,  $p < 0.001$ ); respondents with a doctoral degree were nearly twice as likely as those with bachelor's degrees to favor consolidation and 1.5 times more likely compared to those with master's degrees. Respondents' work setting was also significant ( $\chi^2 = 55.69$ ,  $df = 8$ ,  $p < 0.001$ ), with university faculty most likely to favor consolidation and respondents in private-for-profit settings least likely to do so. No significant differences were detected in the gender ( $\chi^2 = 10.14$ ,  $df = 2$ ,  $p = 0.006$ ), number of years respondents had been in the discipline ( $\chi^2 = 18.46$ ,  $df = 12$ ,  $p = .102$ ), or CRC status ( $\chi^2 = 0.37$ ,  $df = 2$ ,  $p = .833$ ). Although not significant after correction, it can be observed that males were more likely to be in favor of consolidation, while females were more likely to report being unsure.

Table 4 shows the breakdown of consolidation response by measures of professional identity and association membership, with significance at  $p < .004$  again indicated with an asterisk. Those holding current or previous membership in any professional association were significantly more likely to favor consolidation than those who did not ( $\chi^2 = 44.12$ ,  $df = 2$ ,  $p < 0.001$ ). Similarly, those who were current or previous members of a rehabilitation counseling professional association were more likely to favor consolidation compared to those who had never held membership in a rehabilitation counseling association ( $\chi^2 = 95.21$ ,  $df = 2$ ,  $p < 0.001$ ). Current or previous members were more likely to favor consolidation. Unsurprisingly, those who had never held membership in any association or in a rehabilitation counseling association were significantly more likely to report being unsure.

Significant differences were noted for the level of familiarity with rehabilitation counseling associations ( $\chi^2 = 125.28$ ,  $df = 4$ ,  $p < 0.001$ ) and the perceived importance of this decision ( $\chi^2 = 243.40$ ,  $df = 4$ ,  $p < 0.001$ ). In each case, familiarity or importance were associated with a greater probability of favoring consolidation. Unsurprisingly, lack of familiarity or perceived importance led to a greater probability of respondents reporting being unsure. Familiarity with the debate around consolidation was not significant after the Bonferroni correction, but approximated significance and showed a similar pattern ( $\chi^2 = 110.1405$ ,  $df = 4$ ,  $p < 0.006$ ). As with the previous construct, professional identity was not significant after correction but approximated significance. Those identifying with mental health as a professional identity were more likely to favor consolidation than those identifying with rehabilitation counseling or other disciplines ( $\chi^2 = 12.34$ ,  $df = 4$ ,  $p = 0.015$ ).

As a final consideration of Research Question 5, we considered current memberships in specific associations, with results presented in Figure 2.

As shown in Figure 2, association members were consistently in favor of consolidation. IARP members were the only group with more than 40% unsure. The 63 current RCEA members were the only group with more than 15% opposed to consolidation at 17.5%.

## Discussion and Implications

The debate of whether to consolidate rehabilitation counseling professional associations has extended for more than 40 years. Despite steady declines in membership across associations and the accompanying loss of power

**Table 3. Consolidation by Participant Characteristics and Responses**

Variables	Consolidation							
	Yes		No		Unsure		Total	
	n	%	n	%	n	%	n	%
Total response	1,217	46.7	181	6.9	1,210	46.4	2,608	-
Gender								
Female	888	45.0	137	6.9	947	48.0	1,972	76.1
Male	323	52.2	42	6.8	254	41.0	619	23.9
Race-Ethnicity*								
Asian/Pacific Islander	39	52.7	3	4.1	32	43.2	74	2.8
Black	148	49.3	36	12.0	116	38.7	300	11.5
Hispanic or Latino	73	53.7	7	5.1	56	41.2	136	5.2
Multi-Racial or Other	46	53.5	7	3.9	33	38.4	86	3.3
White	908	45.4	126	6.3	968	48.4	2,002	77.1
Years in RC								
0-5	165	51.1	20	6.2	138	42.7	323	16.8
6-10	163	46.8	31	8.9	154	44.3	348	18.0
11-15	117	40.6	20	6.9	151	52.4	288	14.9
16-20	102	38.9	18	6.9	142	54.2	262	13.6
21-30	177	45.6	31	8.0	180	46.4	388	20.1
31 or more	160	50.2	24	7.5	135	42.3	319	16.5
Highest education level*								
Bachelors or less	26	36.1	3	4.2	43	59.7	72	2.8
Master's	986	44.1	155	6.9	1,096	49.0	2,237	85.9
Doctoral	203	68.6	22	7.4	71	24.0	296	11.4
Degree program*								
RC or closely related	1,012	43.8	158	6.8	1,139	49.3	2,309	88.6
Not RC-related	203	68.6	22	7.4	71	24.0	296	11.4
Work setting*								
State VR	483	43.8	75	6.8	545	49.4	1,103	42.3
Private-for-profit RC	190	39.4	42	8.7	250	51.9	482	18.5
Mental health	118	50.4	11	4.7	105	44.9	118	9.0
University faculty	115	67.3	15	8.8	41	24.0	171	6.6
Other	311	50.3	38	6.1	269	43.5	618	23.7
CRC status								
CRC	1,150	46.6	170	6.9	1,148	46.5	2,468	94.6
Not CRC	67	47.9	11	7.9	62	44.3	140	5.4

Note. \* $p < .004$

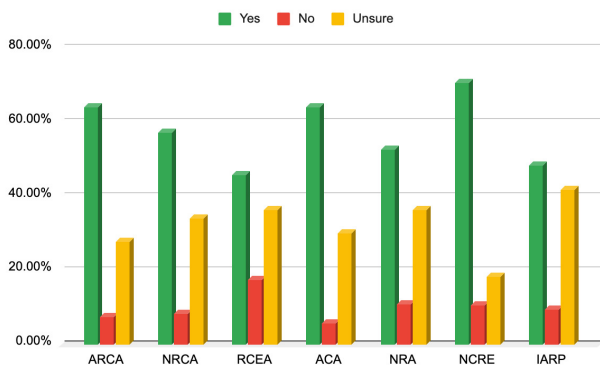
to advocate for the discipline, little action has been taken (Leahy et al., 2011; Zanskas, 2017). In this study, we sought to examine rehabilitation counselors' views on consolidation and their correlates with the intent of informing future actions related to consolidation. Questions focused on participant (a) familiarity with rehabilitation counseling professional association and division, (b) knowledge of the de-

bate around consolidation, (c) perceived importance of the consolidation debate, (d) views on consolidation, and (e) factors that impact participant decisions of whether to consolidate. Our analysis showed that slightly more than 46% of respondents supported the consolidation of the rehabilitation counseling professional associations, while another 46% reported being unsure. This data suggests that few re-

**Table 4. Consolidation by Participant by Professional Identity, Association Perceptions, and Memberships**

	Consolidation						Total	
	Yes		No		Unsure			
	n	%	n	%	n	%	n	%
<b>Professional identity</b>								
RC	886	45.4	147	7.5	919	47.1	1,952	74.8
Mental health	134	55.6	8	3.3	99	41.1	241	9.2
Other	197	47.5	26	6.3	192	46.3	415	15.9
<b>Member of an association past or present*</b>								
Yes	903	51.0	123	6.9	745	42.1	1,771	68.0
No	313	37.5	58	7.0	463	55.5	834	32.0
<b>Member of RC association past or present*</b>								
Yes	597	58.2	69	6.7	360	35.1	1,026	39.4
No	619	39.2	112	7.1	850	53.8	1,581	60.6
<b>Familiar with RC association*</b>								
Not at all to Slightly	549	39.2	74	5.2	776	55.5	1,399	53.6
Somewhat	358	51.8	48	6.9	285	41.2	691	26.5
Moderate to Extremely	310	60.1	59	11.4	147	28.5	516	19.8
<b>Familiar with RC association debate</b>								
Not at all to Slightly	857	42.6	118	5.9	1,039	51.6	2,014	77.3
Somewhat	219	59.5	32	8.7	117	31.8	368	14.1
Moderate to Extremely	140	63.3	31	14.0	50	22.6	221	8.5
<b>Importance of debate*</b>								
Not at all to Slightly	186	29.1	48	7.5	406	63.4	640	24.8
Somewhat	296	38.8	37	4.8	430	56.4	763	29.5
Moderate to Extremely	732	61.9	95	8.0	355	30.0	1,182	45.8

Note. \*p < .004



**Figure 2. Participant Views of Consolidation by CRC Status and Association Membership**

habilitation counselors oppose consolidation, but many are feeling divided or uninformed. Given the high percentage of participants who were not at all or only slightly familiar with the debate of whether to consolidate associations, it

is reasonable to assume that the high levels of uncertainty often stem from insufficient knowledge of the associations and the potential implications for consolidating.

More than half the sample (53.6%) were either not at all or only slightly familiar with the three rehabilitation counseling associations that were the focus of this study, and 77.2% were not at all or only slightly familiar with the consolidation debate. In agreement with Emener (1981), members of the discipline should have influence to determine the future of rehabilitation counseling associations. That said, these two data points suggest a need to educate rehabilitation counselors about the professional associations and the risks and benefits of consolidation. This education must begin with pre-service training in the curriculum of graduate rehabilitation counseling programs. A consideration of education suggests this is likely already happening given that master’s level clinicians were less likely to be unsure (49.0%) compared to those without a master’s degree (59.7%); however, those with master’s degrees were still twice as likely to be unsure as those with doctoral degrees (24.0%). To bridge this knowledge gap, it is essential

for rehabilitation counseling associations, regulatory bodies, and practice settings to share a role in educating members of the discipline on this topic through mechanisms conducive to the work of a practitioner (e.g., accessible, convenient, and concise). This might include fact sheets directed to practitioners that are targeted to practice settings for dissemination. It could also include early career workshops offered in-person or online. To gain a wider audience, CRCC could play a significant role by requiring a minimum number of continuing education credits focused specifically on professionalization or professional identity development just as it currently does with ethics credits. Beyond education, it is important for these groups to convey to rehabilitation counselors that their opinions matter in determining next steps.

It is important to note in the suggestion to familiarize rehabilitation counselors about the associations and considerations of consolidating them that nothing in our data suggests greater information would reverse the percentage of people favoring consolidation. As shown in [Table 4](#), 310 (60.1%) of those with moderate to extreme familiarity of the associations favored consolidation compared to 59 (11.4%) who did not. Similarly, 140 (63.3%) of those familiar with the debate favored consolidation compared to 31 (14.0%) who did not. In summary, it seems reasonable for professional associations to move forward confident in the knowledge that many more professionals favor consolidation than oppose it.

Implications also arise from differences over the decision to consolidate outside of education or familiarity. Significant differences existed across race-ethnicity, degree program, work setting, and association membership status. Regarding race, White respondents were most likely to report being unsure, whereas Black respondents were much more likely to oppose consolidation. It is possible that rehabilitation counseling professionals that identify as Black realize benefits (e.g., a sense of belonging) from their specific professional associations that may be threatened if consolidation occurs. The study by Levine et al. (2022) in this special issue is aimed, in part, at illuminating this finding to better understand racial-ethnic elements of moving forward in our professional associations. Interestingly, those graduating from a rehabilitation counseling or closely related program were more than twice as likely to report being unsure about consolidation (49.3%) compared to those graduating from another program (24.0%), with the vast majority of those who are certainly in favor of consolidation coming from another type of graduate program. It seems possible that for graduates from non-related programs (e.g., social work, special education, disability studies), consolidation may represent an increased inclusivity for their work. It may also be that those with other training backgrounds place less weight on the historical aspects of how rehabilitation counseling associations are structured. In addition, work setting followed a pattern aligned with level of education. Those working as university faculty were much more likely to have an opinion, with 67.3% favoring consolidation. Those working in private-for-profit settings were most

likely to be unsure (51.9%) and least likely to favor consolidation (39.4%).

The final significant differences after Bonferroni correction were related to association membership and the perceived importance of the ongoing debate on whether to consolidate. Regarding the latter, apathy (or low perceptions of importance) was highly correlated with uncertainty, with 63.4% of respondents reporting consolidation as being *not at all* or *slightly important* when selecting unsure in their response of whether to consolidate. In contrast, 61.9% who perceived consolidation as being moderately to extremely important reported being in favor of consolidation. Regarding importance, those holding membership in any association, and particularly in a rehabilitation counseling association past or present, were more likely to have an opinion and more likely to favor consolidation. This difference was similar, but even more exaggerated, when only considering rehabilitation counseling professional association membership. It is notable that approximately 60% of those who have held rehabilitation counseling association memberships, are familiar with current associations and the consolidation debate, and view that debate as important are in favor of consolidation because these seem likely to be the professionals most likely to join if a consolidated association was formed. It is less clear whether those who have never held membership, are unfamiliar with the current associations or the consolidation debate, or do not see the consolidation debate as important would join themselves to an association(s), regardless of how it was structured.

Reported findings need to be considered with an appreciation of some primary limitations. First, although the number of respondents is relatively high, the inability to quantify the number of professionals who received the survey or to accurately estimate the number of rehabilitation counseling professionals make it impossible to calculate an effect size or to determine the overall representation of the target population. Further, the incentive of a CRCC continuing education credit would be expected to appeal less to some rehabilitation counseling professionals than others, which may have influenced who participated in the survey. The high proportion of survey participants with limited familiarity of the associations or of the debate around consolidation could create skepticism about the results reported. However, the close relationship between increased familiarity and support for consolidation, as well as the consistency of findings among current association members and nonmembers, suggest that the broad lack of familiarity among participants did not serve to distort the findings.

## Conclusions

Collectively, the results support consolidation. That said, there were many who lacked knowledge of the consolidation debate and of rehabilitation counseling associations in general. This calls for greater pre-service training about the rehabilitation counseling associations, as well as increased discussion about consolidation among association and organizational leadership and members. There were also differences deserving of the additional attention they

are given in this special issue. Professional associations are non-profit organizations entrusted to represent and carry out the interests of a profession (Goode, 1957; Sussman et al., 1965; Sweeney, 1995; Tarvydas et al., 2009). By extension, professional association leadership are entrusted to carry out the interests of its members and, it could be argued, of its potential members in the discipline (Miller & Chorn, 1969). Perhaps the greatest question arising from these findings is what rehabilitation counseling association

leadership will do with the message they convey. Will rehabilitation counseling association leadership choose maintaining the existence of their corresponding associations or representing rehabilitation counselors in creating the best future for the discipline? We hope that they will choose the latter.



## References

- Benshoff, J. J., Robertson, S., Davis, S. J., & Koch, S. D. (2008). Professional identity and the CORE Standards. *Rehabilitation Education*, 22(3), 227–235. <https://doi.org/10.1891/088970108805059408>
- Brubaker, D. R. (1981). Professional associations: An NRCA perspective. *Journal of Applied Rehabilitation Counseling*, 12(2), 80–81. <https://doi.org/10.1891/0047-2220.12.2.80>
- Davis, P. J. (2012). When indecision is a decision and inaction is an action. *International Anesthesia Research Society*, 114(4), 707. <https://doi.org/10.1213/ane.0b013e3182460ace>
- Emener, W. G. (1981). A consolidation of professional rehabilitation counseling associations: Reality, reluctance, and (re-)action. *Journal of Applied Rehabilitation Counseling*, 12(2), 93–94. <https://doi.org/10.1891/0047-2220.12.2.93>
- Emener, W. G., & Cottone, R. R. (1989). Professionalization, deprofessionalization, and reprofessionalization of rehabilitation counseling according to criteria of professions. *Journal of Counseling and Development*, 67(10), 576–581. <http://doi.org/10.1002/j.1556-6676.1989.tb01333.x>
- Field, T. F., & Emener, W. G. (Eds.). (1981). Editorial: The process. *Journal of Applied Rehabilitation Counseling*, 12(2), 59–60. <https://doi.org/10.1891/0047-2220.12.2.59>
- Field, T. F., & Emener, W. G. (1982). Rehabilitation counseling in the 80's: The coming of Camelot. *Journal of Applied Rehabilitation Counseling*, 13(1), 40–46. <https://doi.org/10.1891/0047-2220.13.1.40>
- Goode, W. J. (1957). Community within a community: The professions. *American Sociological Review*, 22(2), 194–200. <https://doi.org/10.2307/2088857>
- Irons, T. R. (1989). Professional fragmentation in rehabilitation counseling. *Journal of Rehabilitation*, 55(3), 41–45.
- Leahy, M. J. (2009). Rehabilitation counseling credentialing: Research, practice, and the future of the profession. *Rehabilitation Counseling Bulletin*, 52(2), 67–68. <https://doi.org/10.1177/0034355208323647>
- Leahy, M. J., Patterson, J. B., Rubin, S. E., & Walker, M. L. (1994). Controversies in rehabilitation counselor education: Reactions from four educators. *Rehabilitation Education*, 8(4), 300–318.
- Leahy, M. J., & Tarvydas, V. M. (2001). Transforming our professional organizations: A first step toward the unification of the rehabilitation counseling profession. *Journal of Applied Rehabilitation Counseling*, 32(3), 3–7. <https://doi.org/10.1891/0047-2220.32.3.3>
- Leahy, M. J., Tarvydas, V. M., & Phillips, B. N. (2011). Rehabilitation counseling's phoenix project: Revisiting the call for unification of the professional associations in rehabilitation counseling. *Rehabilitation Research, Policy & Education*, 25(1/2), 5–14.
- Levine, A., Ruiz, D., Becton, A. B., Barnes, E., & Harley, D. A. (2022). Diversity and equity in rehabilitation counseling professional associations: An evaluation of current perspectives and future directions. *Rehabilitation Counselors and Educators Journal*.
- Linkowski, D. C. (1980). ...from the president. *Rehabilitation Counseling Bulletin*, 23(4), 242.
- McCarthy, H. (2020). Advocacy to invigorate rehabilitation counseling professional associations: A reflective inquiry and suggested goals. *Rehabilitation Counseling Bulletin*, 63(3), 179–186. <https://doi.org/10.1177/0034355219864649>
- Miller, L. A., & Chorn, E. J. (1969). A presidential message from two presidents. *Rehabilitation Counseling Bulletin*, 12(4), 193–194.
- Nadolsky, J. M. (1981). Pros and cons of rehabilitation professional association consolidation considerations of VEWAA. *Journal of Applied Rehabilitation Counseling*, 12(2), 69–71. <https://doi.org/10.1891/0047-2220.12.2.69>
- Nerlich, A. P., Landon, T. J., & Keegan, J. P. (2022). A vision for rehabilitation counseling: Appreciative inquiry through the eyes of our legacy leaders. *Rehabilitation Counselors and Educators Journal*, 11(1). <https://doi.org/10.52017/001c.31744>
- Patterson, J. B. (2009). Professional identity and the future of rehabilitation counseling. *Rehabilitation Counseling Bulletin*, 52(2), 129–132. <https://doi.org/10.1177/0034355208323949>
- Pawlak, R. S., & Placido, D. (1981). Consolidation of professional associations in the field of rehabilitation: An invited reaction. *Journal of Applied Rehabilitation Counseling*, 12(2), 87–90. <https://doi.org/10.1891/0047-2220.12.2.87>
- Peterson, D. B., Hautamaki, J. B., & Hershenson, D. B. (2006). Reflections on our past and prospects for our future: A survey of the members of the American Rehabilitation Counseling Association (ARCA). *Rehabilitation Counseling Bulletin*, 50(1), 4–13. <http://doi.org/10.1177/00343552060500010201>
- Rasch, J. D. (1979). The case for an independent association of rehabilitation counselors. *Journal of Applied Rehabilitation Counseling*, 10(4), 171–176. <https://doi.org/10.1891/0047-2220.10.4.171>
- Reagles, K. W. (1980). ...from the president-elect. *Rehabilitation Counseling Bulletin*, 23(4), 242–243.
- Reagles, K. W. (1981). Perspectives on the proposed merger of rehabilitation organizations. *Journal of Applied Rehabilitation Counseling*, 12(2), 75–79. <https://doi.org/10.1891/0047-2220.12.2.75>
- Roberts, B. (1981). Professional associations: A view from the private sector. *Journal of Applied Rehabilitation Counseling*, 12(2), 72–74. <https://doi.org/10.1891/0047-2220.12.2.72>
- Salomone, P. R. (1971, October). *Traditional professionalism in rehabilitation counseling: Successes and failures*. The New York Personnel and Guidance Association convention.

- Salomone, P. R. (1972). Professionalism and unionism in rehabilitation counseling. *Rehabilitation Counseling Bulletin*, 15(3), 137–146.
- Sussman, M. B., Haug, M. R., & Krupnick, G. A. (1965). *Professional associations and membership in rehabilitation counseling*. Western Reserve University; Working Paper No. 2.
- Sweeney, T. J. (1995). Accreditation, credentialing, professionalization: The role of specialties. *Journal of Counseling and Development*, 74(2), 117–125. <https://doi.org/10.1002/j.1556-6676.1995.tb01834.x>
- Tarvydas, V., Leahy, M. J., & Zanskas, S. A. (2009). Judgment deferred: Reappraisal of rehabilitation counseling movement toward licensure parity. *Rehabilitation Counseling Bulletin*, 52(2), 85–94. <http://doi.org/10.1177/0034355208323951>
- Thoreson, R. W. (1971). Rehabilitation counseling: The coming of age. *Rehabilitation Counseling Bulletin*, 14(4), 196–199.
- Wright, G. N. (1974). ...from the president. *Rehabilitation Counseling Bulletin*, 18(2), 68–69.
- Zanskas, S. (2017). Stewardship, the Accreditation Merger, and Opportunities for Growth. *Journal of Applied Rehabilitation Counseling*, 48(3), 16–19. <http://doi.org/10.1891/0047-2220.48.3.16>