

Evaluation of Master of Arts Program in Rehabilitation Counseling and Guidance Service for Persons with Disabilities in Thailand  
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**Abstract:** This research examines the positive and negative aspects of the Master's Degree in Rehabilitation Counseling and Guidance for persons with disabilities in Thailand, since it began in 1997. A CIPP model was utilized for the program evaluation. Multiple methods were used to collect the data, and both retrospective and prospective data collection were undertaken. The research results indicated many positive outcomes. They also indicated certain features of rehabilitation within the Thai context differed significantly from traditional rehabilitation counseling programs in Western countries.

**Key Words:** counseling, disability, Thailand

Ratchasuda College of Higher Education and Research Center for People with Disabilities at Mahidol University in Thailand was founded in 1993, by Her Royal Highness (HRH) Princess Mahachakri Sirindhorn, daughter of His Majesty (HM) the King of Thailand. HRH has held a lifelong interest in, and has a deep concern for, people with disabilities. It is the Princess's conviction that given proper training and opportunities, disabled people will lead lives which are productive and rewarding, both personally, and to society as a whole. Because of the Princess's commitment, HRH has graciously consented to patronage of the Ratchasuda Foundation, which was established to assist in the building and the operation of Ratchasuda College. Several programs have been provided to promote and enhance the quality of life of persons with disabilities. Since 1997, the Master of Arts Program in Rehabilitation Counseling and Guidance Service for Persons with Disabilities has existed for both persons with and without disabilities who want to be rehabilitation counselors. However, this program has never been evaluated to determine its strengths and weaknesses. There have only been evaluations of specific aspects of the program, such as the role and functions of the rehabilitation counselor and employment outcomes for graduates (Scorzelli, 1999). Some research methods used to conduct these studies may not have been sufficiently rigorous. For instance, one evaluation was based on self reports of participants at a workshop at Ratchasuda College, but most samples were from personnel not directly involved in the program. Further systemic program evaluation is therefore needed. This research utilizes a CIPP (Context, Input, Process and Product, explained more fully below) model (Stufflebeam, 1973) to conduct such analysis.

The CIPP model provides a comprehensive framework for guiding evaluations of programs, projects, personnel, products, institutions and systems, and it has been a popular tool for evaluation of many programs including education, art, business, nursing, medical, engineering and other particular vocational areas in Thailand and other countries (Waraporn, 1999; Wasorn, 1998; Nipawan, 1997; Nuananong, 1995; Tumnu, 1994; Somwang, 1979; Evans, 1969). Part of the rationale for conducting evaluations of this type is to provide important information about the organisation's needs, so it can improve services and personnel decisions to more effectively serve clients (Stufflebeam, 1997). It is the evaluator's job to provide information to management, to help them in making decisions about programs, products, etc. (Stufflebeam, 2002; Payne, 1994).

This paper applies the CIPP model to the Master of Arts Program in Rehabilitation Counseling and Guidance Service for Persons with Disabilities to determine the strengths and weaknesses of the program, to provide a comprehensive plan for further curriculum development, and to assure educational quality.

## Methods

### Research Design

The research project involved program evaluation using the CIPP model of Daniel L. Stufflebeam (1973, 1997, 2002). Stufflebeam suggests that CIPP involves evaluation of four elements: context, input, process and product. Context evaluation involves assessing the needs, assets and problems within a defined environment and also determining whether the proposed objectives are sufficiently responsive to the identified needs. For this study, context evaluation involved examining the program's philosophy, objectives, course descriptions and study plan, as well as legislative frameworks, such as the Rehabilitation for Disabled Persons Act 1991 and the National Educational Act 1999. The program was also understood in the context of the Thai disability movement. A comparison with other rehabilitation counseling programs in Western countries, particularly in the United States, was also undertaken. Input evaluation involves assessing the competing strategies, work plans and budgets of the program and also involves drafting a prospective cost-benefit analysis. In short, this type of evaluation examines what the program planners want to do. Six major program inputs and resources were identified and assessed: 1) student profiles, such as admission, selection and academic qualifications of students; 2) teacher profiles, such as recruitment, numbers, qualifications, and developmental plans of teachers or lecturers; 3) educational media and technology resources, such as textbooks, journals, computers and assistive devices for students with disabilities; 4) budgets and financial management; 5) the place/physical environment; and 6) support personnel. Process evaluation monitors documents and assesses program activities. It examines how a program is being implemented, monitors how the program is performed, audits the program to make sure it follows existing guidelines and identifies defects in the procedural design or in the implementation of the program. In this case, three major areas were assessed: study and teaching processes (i.e., study contents, teaching styles, measurement and evaluation); program administration, and extra-curricular activities. Product evaluation means determining and examining the general and specific outcomes of the program, measuring anticipated outcomes, attempting to identify unanticipated outcomes, and assessing the merit and cost/benefit as summative evaluation decisions. Thus various characteristics of students who have graduated were also assessed (including grade point average, knowledge, attitudes and skills, length of study, work trends, and so on).

### Participants

Among the 73 participants selected by purposive sampling were 30 students of all 3 groups who started to enroll in the Master of Arts Program in Rehabilitation Counseling and Guidance Service for Persons with Disabilities in 1997, 1998 and 2000 (the program did not provide for students in the year 1999 due to program preparation and development) respectively, and 43 teachers/lecturers who taught those students. Furthermore, a wide range of documents related to the program were also collected and analyzed, including curriculum meeting records, student backgrounds, and student admission exams.

### Instrumentation and Data Collection Methods

Evaluation research, by its very nature, involves many stakeholders and uses a wide variety of methods. This study used four data collection methods. First, four questionnaires were developed. Second, participatory observation by the researcher as one of the college's lecturers and program committee members has been undertaken. Third, videotaping was used for monitoring the teaching and learning styles of teachers and students, after informed consent had been obtained. Fortunately, most teachers and students showed their willingness to be monitored. Fourth, supplementary documents were also collected, concerning such matters as admission examination scores of students, program meeting records, and statistics of library users.

Questionnaires developed were the program evaluation questionnaire for students, the program evaluation questionnaire for teachers, the student evaluation questionnaire for teachers, and the work trend open-ended questionnaire. The program evaluation questionnaire for students consisted of 41

items. It covered six aspects of the program's administration: characters of teachers; the learning process; program objectives/contents/subjects; educational media/study facilities; place and environment, and communication and relationships. The program evaluation questionnaire for teachers consisted of 60 items regarding seven aspects of the program administration. The first six elements of this questionnaire were similar to the program evaluation questionnaires for students, and the last one particularly revealed expectations about the competencies of graduated students. The student evaluation questionnaire for teachers consisted of 25 items regarding the competencies of students as rehabilitation counselors in terms of affective, cognitive and psychomotor domains. Those questionnaires involved self-reporting and utilized a 5 point Likert-scale (ranging from poor, fairly poor, moderate, fairly good, to good, respectively), with a reliability of .80, .76, and .75 respectively. The open-ended questionnaire for students regarding work trends consisted of 7 items which explored the employment of students after graduation.

### Procedures

This research was undertaken over an 18-month period – using both retrospective and prospective data collection methods. The first two questionnaires were given to all students and teachers after the final examination of each subject. The third questionnaire was simultaneously used by teachers or supervisors to assess students during the practicum course in the first semester of the second year. The last questionnaire was given to 18 students who finished all course work and attended a student meeting at Ratchasuda college.

The third group of students, who enrolled in the program in 2000, were videotaped in both study and teaching situations. This videotaping occurred after the researcher distributed letters to teachers and students asking for their consent and they agreed to participate in the research. Even though all teachers and students agreed to such records, if they felt uncomfortable or threatened during any session (such as in the context of counseling or examinations) the videotaping was stopped immediately.

Participatory observation and document collection and analysis were undertaken both retrospectively and prospectively for 4 years, starting when the program was established in 1997 through 2000.

The data was then analyzed using the SPSS (Statistical Package for the Social Sciences) for Windows program. A number of statistical operations were performed on the data (including frequency distributions, percentages, means, standard deviations, and two tailed t-tests).

### Results

With regard to context evaluation, it is important to acknowledge the program was established by considering the needs of persons with disabilities, the legislative framework such as the Rehabilitation of Disabled Persons Act 1991 and the National Education Act 1999, and by examining the nature of rehabilitation counseling programs in the United States. The National Education Act 1999 was important in terms of promoting awareness of professional ethics and skills, ensuring compatibility with social and institutional needs, and addressing the necessity of individual educational plans. The Rehabilitation of Disabled Persons Act 1991 has also influenced program establishment. The needs survey of 2,968 respondents who work with disabled persons in both public and private sectors in Thailand showed that 39.6%, 30.4%, and 30.0% of respondents needed to enroll in the program as part of a major of rehabilitation counseling, access technology and rehabilitation administration respectively. As a result, four seminars were held to collect suggestions and feedback from disabled persons and personnel involved in rehabilitation services within both public and private agencies. The comparisons with rehabilitation counseling programs in the United States suggested that the study courses and credits were similar to many other programs (Table 1).

This could be seen as confirming this program addressed both the needs of clients and Thai society, within the context of globalization. In contrast, some of the negative aspects of the program included the fact that there was no clear written philosophy of the program. Such a philosophy is probably implied in some statements of program rationale such as “enhancing quality of life and social integration of persons with disabilities” and to “produce professionals to work with persons with disabilities.” The program also excluded sufficient participation and feedback of disabled persons and their families at community or grassroots levels.

Regarding the input evaluation, there was also systematic examination of students in terms of general knowledge of current important events, English proficiency, and particular knowledge of disabilities and basic rehabilitation issues. Student admission exams were also continually analyzed in terms of their difficulty index (P) and in terms of a discrimination index (r). Of those exams, 36%, 22%, and 42% were determined as good, fair, and poor respectively. Applicants who performed well on a written examination would be interviewed by a committee responsible for selecting those applicants who had both appropriate academic performance and attitudes towards disabled persons and rehabilitation services. In addition, due to a variety of academic backgrounds of applicants, intensive tutoring courses for students were provided before actual study to provide knowledge in three basic areas - psychology, computer sciences and medical sciences. Such tutoring courses helped students to be significantly more knowledgeable. There was also new educational and audiovisual equipment, as well as additional money for program development. Unfortunately, the number of applicants was not increasing each year, and as a result, opportunities for student recruitment were limited. For example, in 1997, 1998, and 2000, there were 24, 14, and 17 applicants who turned into 10, 11, and 12 students respectively. The background knowledge and work experiences of students varied and influenced the workload for student tutoring (Table 2). In addition, the score weight of written examinations by students in each year was different, suggesting that the written examination may have been inconsistent in some ways. As well, textbooks and journals were restrictively available. Also, qualified thesis advisors who had obtained a doctoral degree or higher in rehabilitation services were not available.

The results of process evaluation suggested that teachers were concerned about their roles as facilitators. They allowed students to do research related to the student’s interests. Most teaching hours corresponded to the policy of University Affairs and involved a set course/credit hour. The program administration was conducted by the particular program committee consisting of at least five lecturers from the college and two external lecturers. Since such committees had a monthly meeting, the meeting record was beneficial in terms of illustrating the processes of the program. This program was also monitored by the Quality Assurance Committee of Ratchasuda College. In terms of the negative aspects of process evaluation, the content of each subject varied due to the interests of lecturers who taught subjects which probably differed from original course description. Also, practice or internship hours were provided for students only for 3 credits or 90 hours (Table 1). The teaching style mainly utilized straight lectures, and approximately half the teaching was conducted by teachers/guest lecturers from outside Ratchasuda College. The experience, or academic background, of teachers sometimes was not consistent with the areas in which they taught. In addition, the research productivity of teachers was low (0.28 article/person/year). In terms of student theses, the majority of them were descriptive or employed survey studies. Difficulties writing theses in English and the lack of qualified advisors were the main problems leading to delayed graduation of the students.

Based on product evaluation, students showed good academic achievement. The first and second group of students obtained a grade point average (GPA) of 3.59 and 3.50 respectively. (The third group could not be obtained due to limited time of research). They also showed good achievements in terms of affective and psychomotor domains. In addition, 57.9 % of questionnaire respondents stated that they effectively applied the knowledge gained in their degrees to their rehabilitation services. However, in terms of negative aspects, students were assessed by their teachers or

supervisors as having a moderate level cognitive domain. Forty-two percent of those who completed their coursework studies did not obtain jobs or were not working in the field of counseling or rehabilitation services.

Additionally, the majority of students and teachers gave a good rating to the context, input and process aspects of the program, but they suggested textbooks, journals, and rehabilitation and counseling resources should be more available.

## Discussion

This research project examined the Master of Arts Program in Rehabilitation Counseling and Guidance Service for Persons with Disabilities at Ratchasuda College in Thailand in terms of its strengths and weaknesses, as a part of establishing a comprehensive plan for further curriculum development. The curriculum development for the program at Ratchasuda College is time consuming and ongoing. However, this need for program development should be understood in context - in the United States, rehabilitation counseling has been developing for approximately 40 years and it still faces a number of challenges (Leahy and Szymanski, 1995). Therefore, the Thai program seems to be in quite a strong and fortunate position, as it is already quite well integrated into Thai society.

In general, data collection methods for this evaluation involved a process of self-reporting and questionnaires (Wasorn, 1998; Nuananong, 1995; Tumnu, 1994; Pornprasert, 1990; Auchala, 1987; Somwang, 1979; Evans, 1969). This research methodology involves an effort to obtain data from many kinds of stakeholders and the particular methods used in this program were consistent with those recommended by Brooker and Macdonald (1999) for obtaining representative data. Videotaping of classes and teaching situations, participant observation, questionnaires, and the use of retrospective and prospective data collection methods were used. There were, however, some reservations which should be mentioned about this data. The program was so new, there were no students who had graduated, so there was no feedback from graduated students or their employers. As such, product evaluation could not be clearly assessed.

This research has led to five critical recommendations. First, every opportunity for maximizing enrollments in the program should be taken. Active public relations strategies should be developed to promote society's concern about disability issues, and stimulate interest in this program. As Young and Shaw (1997) indicate, perceptions about the value of the course were the most important predictors for student enrollments. Second, student selection should be improved. Even though there were two systematic examinations - a written examination and an interview, these two examinations were considered separately by different committees. Furthermore, the correlation between those examinations and other components of program evaluation may not be immediately apparent. In response to this dilemma, program officials must make sure that each admission requirement is educationally defensible and that the applicant's capacities are not evaluated based on any single piece of information. It is also necessary to identify any informational, ethical and attitudinal barriers among applicants which might affect their understanding of disability issues and rehabilitation services (Pullin and Heaney, 1997; Bento, 1996). Attitudinal barriers can result in subtle forms of discrimination which prevent disabled individuals from being able to realize their full potential (Hunt and Hunt, 2000).

Third, teachers or lecturers have to be recognized and promoted according to their knowledge and experience in the rehabilitation counseling area. Moore, Porter & Flower (2000) have indicated that rehabilitation faculty reported a need for counseling courses/laboratories to improve curriculum. However, there are few qualified thesis advisors with a doctoral degree or associate professor rank, and many teachers did not graduate in rehabilitation counseling. As a result, contents of coursework was often adjusted by the personal interests and specialties of principal teachers of such subjects.

Also, productivity on research programs and publications of teachers were low. These disadvantages probably reflected inadequate qualifications and performance abilities among teachers or lecturers. Thus, effective instructors seems to be an important issue for meeting the program objectives, providing quality assurance and attracting individuals to the program. Nasser and Glassman's study (1997) revealed that many of the students took the course because of the instructor's reputation. Therefore, there is a need to address the academic promotion of teachers. A human resource department which is responsible for this matter must be implemented.

Fourth, the rehabilitation counseling skills of students should be enhanced. Experience in counseling are important for counselors to become more effective professionals, because learning from experience and using scientific reasoning to adjust one's practice is the mark of a true professional (Corey, 1995; Jacobs, Harvill, & Masson, 1994; Dewey, 1933, cited in Koch, Arhar, Wells, 2000). So far, this program has provided students with only 3 credits or 90 practice hours, in a subject named "RSRS 514: Practicum in counseling and guidance." In contrast, rehabilitation programs in the United States and CORE recommendations are for students to have 600 -700 hours of practicum and internship (CORE, 2001). A lack of practical experience may reduce student's skills and confidence. To solve this problem, the credit hours associated with the practicum, or internship, should be maximized, and the credits associated with the thesis should be minimized. Finally, this program should be broadened and have the flexibility to include more information relating to the culture, politics, economy and other contexts which influence disability and rehabilitation in Thailand.

The body of knowledge of rehabilitation counseling and the central role of the rehabilitation counselor in the United States has remained quite consistent over the years (Leahy and Szymanski, 1995). In contrast, the body of knowledge of rehabilitation counseling in Thailand is inconsistent and still in a developmental process. Although the Rehabilitation for Disabled Persons Act 1991 exists, its implementation is a sensitive and critical issue in terms of its effectiveness. There is a lack of punishment for noncompliance.

It is also important to note the terms "counseling" and "rehabilitation services" are difficult to understand for the public and society in Thailand and seem to differ from traditional meanings of rehabilitation counseling in America and Europe (Cheausuwantavee, 1997). Because of the nature of Thailand as a developing country and the need for immediate help, rehabilitation counselors often help disabled persons by addressing basic concerns such as food, clothes, medicine and housing. Thus, the role of rehabilitation counselor is likely to be focused on consulting, coordinating and supporting, rather than on giving counseling.

There are strong associations and clubs of people with disabilities (such as the blind and the physically disabled) and these groups were the originators of the Rehabilitation Act for Disabled Persons 1991.

Recently, the Association of Autistics' Parents was founded by the parents and families of autistic children to help and rehabilitate their children. People with disabilities and their families are therefore very important in terms of shaping the nature of service delivery within Thailand. According to Hershenson's (1998) model, within the Thai context, influence tends to move in an outward direction rather than inward. Therefore, participation and feedback by disabled persons at a grassroots level, as well as their families and community, are necessary for long-lasting development of rehabilitation curriculum. The principle that no single theory can provide an adequate foundation for the design of curricula, and that educators need multiple perspectives, multiple research findings, practical experiences and extensive deliberations to change classes into communities of inquiry (Terwel, 1999), is still valid here.

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