

PRACTICE GUIDELINES

FOR

REHABILITATION COUNSELLORS

IN ONTARIO

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CANADIAN ASSOCIATION OF REHABILITATION PROFESSIONALS,
ONTARIO, INC.

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PREAMBLE

These practice guidelines for the Canadian Association of Rehabilitation Professionals, Ontario Inc., have been developed as performance standards for rehabilitation counsellors. Applying these guidelines within your counselling practice has several benefits. It will enable you to provide the best possible services to people with disabilities or disadvantages. These guidelines will also assist the public, government, customers and other health care professionals to understand the profession of rehabilitation counselling.

Rehabilitation is a wide-ranging field. Practitioners come from diverse disciplines and work in a variety of settings with many different role demands. Rehabilitation counselling, with counselling at its core, is a specialty within the professions represented by the Association.

A large number of CARP Ontario members are rehabilitation counsellors. The Association has identified gaining professional status for this discipline as a priority in responding to their needs as well in meeting market demands. These practice guidelines represent a major step towards licensing rehabilitation counsellors in Ontario.

Skill in rehabilitation counselling requires a sound knowledge of theories and practices and experience in individual, group and family counselling. Counsellors must be able to serve a variety of individuals with disabilities. They must demonstrate an understanding of the environmental and attitudinal barriers faced by people with disabilities. To provide effective services, they must combine their counselling skills with:

- Knowledge about physical, mental, developmental, cognitive, and emotional disabilities
- Information about personal and work adjustment issues
- An awareness of labour market and projected employment trends
- Skills in job development and job placement

As professionals working with persons with disabilities, rehabilitation counsellors value independence and integration. They are committed to removing barriers so that all individuals may have equal access to employment opportunities and their communities.

The priority in the rehabilitation counselling process is the needs of clients — people with disabilities who receive rehabilitation services. Throughout this document, an integrated, inter-disciplinary team approach is promoted as best for the rehabilitation process. The client and the family (if appropriate) are viewed as important members of the rehabilitation team.

Rehabilitation counsellors should understand all the core competencies and tasks outlined in this *Practice guidelines for Rehabilitation Counsellors*. With training and experience, they may specialize in one or more of the areas.

I. INTRODUCTION

1. The Canadian Association of Rehabilitation Professionals

The Canadian Association of Rehabilitation Professionals (CARP) was incorporated in 1970 as a non-profit national association of rehabilitation professionals. CARP Ontario was incorporated in 1996 as a society of the national association.

Members come from a diversity of disciplines and are employed in a variety of settings with many different work role demands, but they are united through membership with their professional association. CARP is committed to ensuring that services are delivered by qualified professionals. Members' rehabilitation practices are guided by CARP's *Code of Ethics*. Those members whose core function is rehabilitation counselling also are guided by CARP Ontario's comprehensive *Practice guidelines for Rehabilitation Counsellors*.

CARP National administers a registration process. Those who qualify for the Registered Rehabilitation Profession (RRP) designation have achieved and demonstrated a recognized level of professional competence in the field of rehabilitation, as evidenced by specific criteria, including education with academic core competencies and approved employment experience.

In the early 1990's, the Canadian Certified Rehabilitation Counsellor (CCRC) designation was introduced in Canada. This internationally recognized designation is achieved through a combination of education and work-related experience and succeeding at a written examination.

CARP Ontario acknowledges that consumers of services should be assured that all rehabilitation practitioners, including rehabilitation counsellors, are accountable to a professional body. The primary and immediate goal of CARP Ontario is to work towards the development of an independent regulatory body for rehabilitation counsellors. This will improve public protection and enhance professional accountability.

2. CARP Ontario - Mission Statement

The Mission of the Canadian Association of Rehabilitation Professionals, Ontario Inc. is to build an environment and create standards within which members deliver quality rehabilitation services.

3. CARP Ontario - Vision Statement

The Vision of the Canadian Association of Rehabilitation Professionals, Ontario Inc. is that rehabilitation counselling will be recognized as a vital discipline in restoring a person to optimal functioning.

The achievement of this Vision is recognized by CARP Ontario as the first step in achieving its Mission to promote the professional delivery of *all* rehabilitation services within Ontario.

4. Definition of Rehabilitation Counselling

Rehabilitation is defined as, “a holistic integrated program of medical, psychosocial and vocational interventions that empowers a person with a disability and/or disadvantage to achieve a personally fulfilling, socially meaningful and functionally effective interaction with the world” (Banja, 1990).¹

Rehabilitation within the context of the rehabilitation counselling process is “a comprehensive sequence of services, mutually planned by the consumer and rehabilitation counsellor, to maximize employability, independence, integration, and participation of persons with disabilities in the work place and the community” (Jenkins, Patterson, & Szymanski, 1992).²

Rehabilitation counselling is viewed “as a profession that assists persons with disabilities in adapting to the environment, assists environments in accommodating the needs of persons with disabilities in all aspects of society, especially work” (Szymanski, 1985).³

Rehabilitation counselling as a scope of practice is defined as “a systematic process which assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counselling process. The counselling process involves communication, goal setting, and beneficial growth or change through self-advocacy, psychology, vocational, social, and behavioral interventions” (Commission on Rehabilitation Counsellor Certification, 1994).

II. CORE VALUES OF REHABILITATION COUNSELLING

The client-counsellor relationship acknowledges that every person is unique. It is based on respect for the client’s individuality and right to privacy and self-determination. Counsellors are expected to treat clients fairly, without discrimination as to race, ethnicity, language, religion, marital status, gender, sexual orientation, age, economic status, political affiliation, national ancestry, impairment, disability or handicap (*Adapted: Ontario College of Certified Social Workers, Code of Ethics*).

1. Adherence to Ethical Practice

Rehabilitation counsellors are expected to espouse and adhere to sound ethical practices in their working relationship with clients. As members of CARP Ontario, rehabilitation counsellors are compelled to adhere to the Association’s Code of Ethics.

The Code of Ethics is a set of established principles designed to govern the manner in which Association members practice a discipline. While ethical codes are necessary and provide important guidelines in day-to-day practice, ultimate responsibility rests with the conscience of the rehabilitation practitioner.

2. Protecting Client Welfare

At the onset of service, rehabilitation counsellors must clarify their professional relationship with each client. This includes areas where there may be a conflict of interest. Counsellors must avoid any relationship that would jeopardise their reputation or place the client at risk.

¹ Maki, Dennis R. & T.F. Riggart, Editors *Rehabilitation Counseling: Profession and Practice*. Springer New York: Publishing Company, p.4

² Ibid

³ Ibid

3. Client Respect

Discrimination on the basis of minority status – age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language or socio-economic status – is unethical and unacceptable.

Providing service to clients from diverse backgrounds and cultures requires sensitivity to unique needs. Rehabilitation counsellors must be aware of their personal biases and the possible impact these may have on the relationship. They must understand the unique needs of each client and use different approaches as required for successful outcomes.

4. Empowerment and Advocacy

Engaging the client in the rehabilitation process, encouraging them, providing opportunities for them to participate is the responsibility of the rehabilitation counsellor.

5. Informed Decision Making

Rehabilitation counsellors must give their clients the knowledge to make informed decisions. According to Dennis R. Maiki and T.F. Rigger: (*Rehabilitation Counselling: Profession and Practice: 1997*, p.5) "... full consideration must be given to the individual's right to fail as one potential outcome involved with choice, growth, and risk. The philosophy of rehabilitation embraces a person's right to choose his or her relationships and goals, both personal and vocational".

6. Informed Consent

1. Direct Service Provision

Rehabilitation services are provided only to those individuals who have given informed consent.

Rehabilitation counsellors need to ensure that their clients fully understand:

- The purpose of rehabilitation services
- The types of services and procedures to be used
- What the assessment results will be used for
- Who will have access to the results

The client can give or withhold consent at any phase of the process.

"Rehabilitation Counsellors who are employed by third parties as case consultants or expert witnesses, and who engage in communication with the individual with a disability, will fully disclose to the individual with a disability and/or his/her designee their role and limits of their relationship. Communication includes all forms of written or oral interaction...." (Code of Professional Ethics for Rehabilitation Counselors, Commission on Rehabilitation Counselor Certification.)

Specific informed consent is mandatory before a rehabilitation counsellor may:

- Gather information about a client
(e.g. verbal, written, photograph, surveillance, electronic recording)
- Include a client in a research project

The client's ability to give consent must be continually reviewed. The rehabilitation counsellor must be aware of resources to understand and deal with issues related to substitute decision-making. The counsellor must know whether a client can give consent and, if necessary, must involve a substitute decision-maker. (See: Substitute Decisions Act, 1992.)

2. Indirect Service Provision

In instances where the Rehabilitation Counsellor has been retained by a third party (i.e. insurer, lawyer, Workplace Safety and Insurance Board, Designated Assessment Centre, etc.) to review documentation and render an opinion, Section II, 6.1 does not apply. The authorizing body (i.e. the third party) is the principal and the Rehabilitation Counsellor is an agent of that body.

"When there is no pretense or intent to provide Rehabilitation Counselling services directly to the individual with a disability, and where there will be no communication, disclosure by the Rehabilitation Counsellor is not required." (Code of Professional Ethics for Rehabilitation Counselors, Commission on Rehabilitation Counselor Certification.)

7. Confidentiality

The principle of confidentiality is central to ethical standards. It respects a client's right to control personal information and access to it.. (CARP Code of Ethics **PRINCIPLE I: Respect for the Dignity and Autonomy of Persons: Confidentiality p. 8)**

The counsellor cannot divulge information unless permission is:

- Given by the client, their legal guardian, or substitute decision-maker
- Required by law
- Otherwise permitted or required by the Code

The rehabilitation counsellor must define the parameters of confidentiality at the onset of offering services. In the event that the client is referred by a third party payer, prior to the establishment of any relationship between the counsellor and the client, the counsellor shall advise the client that:

- The third party payer is entitled to reports concerning the client's rehabilitation.
- Any withdrawal of the client's consent to the production of reports to the third party payer may result in termination of the counsellor's relationship with the client.

In obtaining client consent for release of information, the information to be released and who will receive it must be specified, as well as the time period for which the consent is valid.

Rehabilitation counsellors who provide services at the request of a third party are also bound by rules outlined above in regard to collecting or disseminating information.

8. Competencies in Practice

Rehabilitation professionals are committed to being competent in all their professional activities, because competence combined with caring is believed to be beneficial for recipients of services, and incompetence may result in no benefit or even harm. In demonstrating the Principles of Responsible Caring for the Best Interests of Persons

rehabilitation professionals will: (Standard 11.2) Practice only within the boundaries of established competency, based on such criteria as education, training, supervised experience, professional credentials and appropriate professional experience. (CARP Code of Ethics PRINCIPLE II: Responsible Caring for the Best Interests of Persons, p. 9)

The demands on rehabilitation counsellors to maintain competencies are extensive. They require continuing education.

- Rehabilitation counsellors who have obtained their CCRC designation must obtain Continuing Education Units to maintain their certification.
- , Association members with their RRP designation also must fulfill similar requirements.

Rehabilitation counsellors are responsible for ensuring that they participate in ongoing education, as available, through workshops, seminars, readings, conferences and self-directed learning.

9. Adherence to Appropriate Behaviour

A rehabilitation counsellor will not abuse a client sexually, verbally, emotionally, psychologically or physically. This includes:

- sexual intercourse or other forms of physical sexual relations between the counsellor and the client
- touching, of a sexual nature, of the client by the rehabilitation counsellor
- behaviour or remarks of a sexual nature by the rehabilitation counsellor toward the client.

10. Appropriate Practices Related to Termination of Services

A Rehabilitation Counsellor will not discontinue services that are needed unless:

- the client requests discontinuation
- alternative services are arranged, or reasonable attempts have been made to arrange alternative services
- the client is given a reasonable opportunity to arrange alternative services
- restrictions in length or type of service are imposed by an agency
- discharge criteria are imposed by the employing agency
- the Rehabilitation Counsellor believes that he or she may be physically or sexually abused by the client and reasonable attempts have been made to arrange alternative services
- services are terminated by the third party payer.

III. PURPOSE AND GOALS OF REHABILITATION COUNSELLING

Rehabilitation counsellors have a professional and ethical responsibility to act in accordance with their practice guidelines to ensure they carry out the professional standards required of them. They have an obligation to (1) assist their clients in obtaining maximum function and (2) facilitate community, work and/ or home reintegration.

IV. BODY OF KNOWLEDGE

Rehabilitation counsellors are qualified to provide varied and specialized rehabilitation services. Following are recommended knowledge areas:

Vocational counselling and consultation services:

- Planning for vocational rehabilitation services
- Vocational implications of various disabilities and accommodation needs
- Physical/Functional capacities of individual
- Occupational and labor market information
- Job-placement strategies
- Client job-seeking skills development
- Employer practices affecting return to work
- Job analysis
- Client job retention skill development
- Job modification and restructuring techniques
- Job and employer development
- Theories of career development and work adjustment
- Follow-up and post-employment services
- Awareness of rehabilitation technology
- Accommodation and rehabilitation engineering
- Supported employment services and strategies
- Employer-based disability prevention and management
- Computer applications and technology
- Services to employer organizations

Medical and psychological aspects of disability:

- Medical aspects and implications
- Medical terminology
- Psychosocial and cultural impact of disability
- Appropriate medical intervention resources

Individual and group counselling:

- Individual counselling practices and interventions
- Individual counselling theories
- Behavior and personality theory
- Human growth and potential
- Family counselling theories
- Group counselling practices and interventions
- Group counselling theories

Program evaluation and research:

- Evaluation procedures for assessing effective services
- Rehabilitation research literature
- Basic research methods
- Design of research projects and needs assessments

Case management and service coordination:

- Case management process
- Community resources and services
- Services availability for a variety of populations
- Financial resources for rehabilitation services
- Rehabilitation services in diverse settings
- Planning for independent-living services
- Organizational structure of the public rehabilitation program
- Organizational structure of nonprofit service delivery system

Family, gender and multicultural issues:

- Societal issues, trends, and developments
- Psychosocial and cultural impact on the family
- Multicultural counselling issues
- Gender issues
- Family counselling practices

Foundations of rehabilitation counselling:

- Ethical standards for rehabilitation counsellors
- Laws affecting individuals with disabilities
- Rehabilitation terminology and concepts
- Philosophical foundations of rehabilitation
- History of rehabilitation

Relevant Provincial Legislation and Practices

- Workplace Safety and Insurance Board
- Automobile Insurance
- Disability Insurance
- Canada Pension Plan
- Human Rights
- Ontarians with Disabilities Act

Environmental and attitudinal barriers

- Attitudinal barriers for individuals with disabilities
- Environmental barriers for individuals with disabilities

Assessment

- Interpretation of assessment results
- Test and evaluation techniques for assessment

Adapted from: Knowledge Domains and Subdomains from the Council on Rehabilitation Education (CORE) and Commission on Rehabilitation Counsellor Certification (CRCC) Knowledge Validation Study

V. POPULATION SERVED

Rehabilitation counsellors work with people who have disabilities

VI. CORE COMPETENCIES

Areas of competency for Rehabilitation Counsellors include:

- Foundations of Rehabilitation Counselling
- Assessment
- Vocational Counselling
- Affective/Adjustment Counselling
- Case Management
- Job Development and Placement
- Reviewing, Monitoring and Evaluating Programs and Services
- Communication and Inter-personal Skills
- Research

1: Foundations of Rehabilitation Counselling

Core areas of knowledge and skills⁴ required for rehabilitation counselling practice are:

- Assessment skills
- Vocational counselling and consultation services
- Medical and psychosocial aspects of disability
- Individual and group counselling skills
- Program research and evaluation
- Case management and service coordination
- Family gender and cultural issues
- Foundations of rehabilitation
- Legislative frameworks
- Environmental and attitudinal barriers

2: Assessment

Rehabilitation counsellors must have an understanding of:

- The medical aspects of disabilities
- Functional capacities of individuals with disabilities
- Appropriate intervention resources (e.g., assistive devices and technology).
- Psychosocial aspects of disability
- The impact of disability on the individual and family
- Related social and cultural adjustments (within home, work and community environments)

Referrals for assessments often are made to other professionals during the rehabilitation process.

Rehabilitation counsellors are bound to recognize that different tests demand different levels of competence for administration, scoring, and interpretation, and will recognize the limits of their competence and perform only those functions for which they are trained.

⁴ Foundation for Rehabilitation Education and Research (1998). Rehabilitation Counselling: The Profession and Standards of Practice, p. 4

Tasks – Assessments

The work of rehabilitation counsellors involves these tasks:

- Articulates the reason for the assessment, clearly identifies their role and ensures there is agreement to proceed. This must occur when developing a relationship with a client and at every stage of the counselling process. In the event there is a third party payer, clarification of the counsellor's role and their accountability to the payer is mandatory.
- Identifies, as part of the assessment process, the physical, emotional, and psychosocial impairments and barriers; identifies the clients' education and training; documents employment history, patterns in the work history with respect to job stability, nature of work, skills, tools used, language abilities; assesses family support and demands, the person's role, religious or cultural issues that may affect the rehabilitation process and financial needs.
- Identifies client's rehabilitation needs, rehabilitation prognosis and makes recommendations to begin the rehabilitation process, ensuring that both client and service providers are in agreement with the goals, directions and immediate plan of action.
- Assesses as an initial step in the rehabilitation process. Ensures that the client understands there will be ongoing reassessments and adjustments to goals and services may be required.
- Evaluates and assesses available resources and services.

3: Vocational Counselling

Rehabilitation counsellors performing vocational counselling must have competency in:

- Vocational aspects of disability
- Implications of education, experience and training
- Medical and psychosocial impact of disability
- Vocational assessment tools
- Theories and approaches to vocational development and exploration
- Assessing and incorporating personal and vocational characteristics
- Setting realistic vocational goal(s) in collaboration with the client
- Knowledge of policies and legislation
- Factors that promote, enhance and/or deter goal attainment
- Technology and research
- Accessing occupational information
- Labor market trends
- Realizing the value of meaningful employment or contribution to a person's community.

Tasks – Vocational Counselling

Vocational counselling involves these tasks:

- Understands the vocational implications of various disabilities
- Uses appropriate vocational assessment tools
- Identifies the physical and functional capacities of the individual
- Understands medical and psychosocial impact of disabilities
- Understands theories and techniques of vocational counselling
- Uses career handbooks to assist with vocational counselling
- Understands job trait factors and how they affect vocational planning

- Understands occupational and labour market information will influence vocational planning
- Assists the client to identify a suitable vocational goal.
- Understands job placement strategies and the value of work trials and on-the-job training in facilitating return to work
- Develops and/or enhances job seeking and retention skills
- Understands employer practices affecting return to work
- Provides leadership to the return to work team at the workplace
- Builds and maintains a resource network
- Understands the importance of quantitative evaluation (i.e., job analysis and physical demands analysis) in establishing appropriate job matches
- Recommends job and work-site modification and accommodations
- Promotes wellness and injury prevention
- Provides follow-up and post-employment services
- Understands accommodation and rehabilitation engineering and computer applications and technology to minimize the effects of the client's impairments
- Understands and uses supported employment services and strategies where appropriate

4: Affective or Adjustment Counselling

Counselling is often required for individuals and their families to adjust to a disability. This may involve (but is not limited to) helping them understand, accept and adjust to the disability, advocate for support (financial, emotional, and other) and empower the individual in the rehabilitation process.

Tasks – Affective or Adjustment Counselling

Affective or adjustment counselling involves these tasks:

- Identifies whether an adjustment problem exists in relation to the changes experienced by the client and/or their family
- Communicates this problem to the client and/or family, reflecting the impact this problem currently has upon all family members
- Obtains feedback from the client and/or family on their perception of the problem and the extent to which they want it addressed
- Identifies the appropriate professionals to address the issue (this may involve communicating with other professionals)
- Keeps third party payers informed about the goals to be obtained, the progress being made, and the nature of the problem or issue being addressed
- Provides reports while safe guarding the integrity of the client and the counsellor's obligation to protect privacy and maintain a degree of confidentiality
- Maintains fiscal accountability for all counselling sessions and discusses with the client, where appropriate, how issues are being resolved and whether rehabilitation or other service(s) is still required

5: Case Management

The objective of case management is to assist the individual to achieve their optimal level of functioning. Specific objectives are defined by the client, family or caregivers with the assistance of the case manager.

In order to provide case management services, rehabilitation counsellors must be competent in the practical application of rehabilitation-related services. This includes:

- A thorough knowledge of the rehabilitation process
- Good oral and written communication skills
- Knowledge of community resources
- The ability to work as a team
- Mediation and negotiation skills
- Quality control to ensure cost effective and timely services

Tasks – Case Management

Case management involves these tasks:

- Assesses the needs of the client, family or caregivers
- Facilitates and supports the client to access required services in the most appropriate and desirable environment.
- As appropriate, educates the client and their family about the services available, any limits on these services, and their costs
- Educates the client and their family in collaboration with the third party payer about what funding is available to them, what service options are available, and the financial implications
- Limits the duplication of services
- Shares information with others, as appropriate and with the client's written consent
- Maintains a network of contacts to link clients to health and service organizations in the community
- Helps develop and strengthen the client's personal support system and linkages within the community (e.g., family, friends, neighbours, religious affiliations, etc.).
- Communicates with the client's employer and, where feasible, facilitates a return to work or re-entry program
- Engages health professionals to provide treatment services, to understand the duties to which the client will likely return and to verify, in writing, restrictions that may or may not apply
- Co-ordinates services and ensures that all members of the rehabilitation team are fully informed
- Advocates for the client's needs

The case manager's unique skill is their ability to integrate medical and vocational plans and stakeholder communication into a holistic, individualized program to achieve the agreed upon vocational outcome(s).

This process identifies barriers to rehabilitation and enables the case manager to make recommendations or enact strategies to address them.

6: Job Development and Placement

Rehabilitation counsellors who do job placement must be competent in job analysis, work-site modification and job accommodation including the application of appropriate technology. Rehabilitation counsellors must communicate effectively to enable them to work with, develop or modify a workplace to accommodate client's needs and support a person at work without being intrusive. They must also be able to monitor a case and provide follow-up services.

Tasks – Job Development and Placement

Job development and placement involves these tasks:

- Clarifies the functional ability (physical abilities and/or restrictions) of the client to re-enter the work force
- Manages job development and placement skills using transferable skills analyses, past work history and other relevant documentation
- Identifies the nature of any required job modifications or accommodations
- Identifies potential employers and discusses them with the client
- Meets with employers, identifies client's strengths, discusses job suitability and appropriateness, surveys the workplace to determine job fit
- Arranges meetings with the employer and ensures transportation and accommodation issues have been addressed
- Encourages clients to arrange their own contacts where possible
- Negotiates details of employment with the employer and client
- Provides follow up once the client begins work

7: Reviewing, Monitoring and Evaluating Programs and Services

Rehabilitation counsellors must monitor, evaluate and review the programs and services they have implemented. This process compares actual changes (results) with desired changes (goals), and identifies outcomes achieved. Ongoing evaluation must occur in order to revise goals as the needs of the client change. This will ensure that appropriate levels of intervention or services are being provided. The overall goal is to ensure cost-effective use of resources.

Members will monitor rehabilitation plans to ensure their continued viability and effectiveness, remembering that people have the right to make choices.

Tasks – Reviewing, Monitoring and Evaluating

Reviewing, monitoring and evaluating involves these tasks:

- Completes an Individual Written Rehabilitation Plan (IWRP) which ensures all involved parties are in agreement on the direction of the rehabilitation plan and desired outcomes
- Writes follow up reports as required to summarize activities, goals achieved, tasks to be accomplished, barriers encountered and recommendations to address them
- Discusses progress in rehabilitation with the client as well as all other involved professionals
- Identifies how changes will be monitored and what will occur once these changes are achieved
- Provides objective findings to substantiate directions taken, results being pursued and likely outcomes

8: Communication and Interpersonal Skills

Effective communication is a critical skill for rehabilitation counsellors. This includes the ability to communicate one-on-one, listen effectively, deliver concise messages, and write in a way that is both accurate and clear.

Rehabilitation counselors will ensure that in using electronic communications (telephone, fax, email and web sites) that issues of appropriateness, consent and confidentiality are addressed.

Tasks – Communication and Interpersonal Skills

Communication and interpersonal effectiveness involves these tasks:

- Report writing
- Developing rehabilitation plans
- Obtaining consent
- Counselling
- Coaching
- Providing testimony and expert opinion
- Negotiating
- Educating (family, person with disability, other professionals, employers, co-workers)
- Coaching/mentoring others
- Monitoring services and evaluating and communicating rehabilitation outcomes

9: Research

Qualitative and quantitative research is used by rehabilitation counsellors to:

- Expand their knowledge base
- Keep abreast of rehabilitation trends and new developments
- Support their recommendations for intervention, aids, accommodations and/or support services
- Provide more effective services to people with disabilities or disadvantages

The goal of research is to find ways to improve rehabilitation practices and the quality of life for persons with disabilities. With increased emphasis on service accountability, there will be ongoing opportunities for research through universities, hospitals, research centers and places of employment.

The Association has provided rehabilitation counsellors with guidelines for research involvement. The rules of professional conduct are outlined in the Code of Ethics.

In addition, counsellors must ensure that research is conducted using accepted methodology that minimizes the potential for misleading results or conclusions.

Required techniques include:

- Proper sampling methods
- Standardized treatment conditions
- Sound dependent measures
- Accurate data collection and analyses
- Careful reporting of results

Most important, rehabilitation counsellors must ensure that those involved in the research are not intentionally or unintentionally harmed and obtain appropriate information about the nature, results and conclusions of the research.

VII. TECHNIQUES AND MODALITIES

A rehabilitation counsellor must have a solid working knowledge of techniques and modalities used within the rehabilitation process:

- Assessment
- Planning and establishing goals
- Case management, referral, and service co-ordination
- Facilitation, supervision and monitoring of rehabilitation plans
- Vocational counselling
- Job analysis, job development, and job accommodation, job coaching, and placement services
- Individual, family and/or group counselling
- Education regarding medical and psychosocial aspects of disability
- Outcome evaluation
- Research
- Interventions to remove environmental, employment, and attitudinal barriers
- Consultation services among multiple parties
- Negotiation
- Rehabilitation technology

VIII. DEFINITIONS

Advocate/Advocacy – Representation of individuals who experience difficulty acting on their own behalf and/or helping individuals to advocate on their own behalf. This ensures the preservation of the individual's rights and access to the resources that will allow individuals to meet their needs and fulfill responsibilities.

Assessment – Process by which strengths, weaknesses, problems, risks and needs are determined or addressed.

Assistive Devices – Commercial or custom designed pieces of equipment used to increase, maintain, or improve the functional abilities of individuals with disabilities.

Case Management – A collaborative process which assesses, plans, implements, co-ordinates, monitors, and evaluates options and services to meet an individual's health (vocational and avocational) needs through communication and available resources to promote quality, cost-effective outcomes. (*Source: Case Management Society of America*)

Case management is also a systematic process merging counselling and managerial concepts and skills through the application of techniques derived from innovative and researched methods, thereby advancing efficient and effective decision-making for functional control of self, client, setting, and other relevant factors for anchoring a proactive practice. In case management, the counsellor's role is focused on interviewing, counselling, planning rehabilitation programs, co-ordinating services, interacting with significant others, placing clients and following up with them, monitoring progress, and solving problems. (*Source: Commission on Rehabilitation Counselling Certification*)

Client/Consumer – Individual, group and/or community being served by the rehabilitation counsellor. The client/ consumer is an individual with a disability who is in receipt of direct service.

Commission on Rehabilitation Counsellor Certification (CRCC) – The certifying body, located in Rolling Meadows, Illinois, that is responsible for administering the certification process for the Canadian Certified Rehabilitation Counsellor (CCRC) designation and the Certified Rehabilitation Counsellor (CRC) designation in the United States. Counsellors achieve the CCRC by satisfying specific educational/employment requirements and then passing the CCRC examination. The initial certification is valid for five years. The Commission has a certification renewal program under, which requires counsellors to demonstrate their professional development at five-year intervals.

Individuals with Disabilities – Includes persons who have limitations in life functioning (school, work, independent living, mobility) as a result of conditions such as sensory impairments, mental illness, developmental disabilities, learning disabilities, neurological disorders, chemical dependencies, and/or physical disabilities. (*Source: CRCC*)

Mission – Broad statements in which an organization states what it does and why it exists. The mission sets apart one organization from another.

Payers– Individual(s) and/or organisation(s) that pay for services provided. The payers of service rendered may include the Ministry of Health (MOH), insurance companies, WSIB or others.

Research – A systematic effort to collect, analyze, and interpret quantitative or qualitative data.

Substitute Decision-Maker – An individual who is authorized under provincial legislation to make service decisions on behalf of the person who does not have the capacity to do so. Substitute decision-makers are involved where the client is not capable of making an informed decision about service.

Vision – A statement of the preferred future that the organization is committing itself to. Vision defines priorities and gives meaning to everyday activities.

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