Competencies for Rehabilitation Counsellors

Australian Society of Rehabilitation Counsellors



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Framework for the Competencies

The profession of Rehabilitation Counselling is grounded in human rights, the value of work, the importance of community integration and a partnership with people living with disability and social disadvantage.

Rehabilitation Counsellors are Allied Health Professionals and specialist counsellors who understand the impact of disability, physical and mental health conditions and social disadvantage on people's lives, and especially the importance that work and education plays in achieving inclusion, independence and self-esteem in the community.

The Professional Standards of the Australian Society of Rehabilitation Counsellors Ltd (ASORC) reflect the skills, knowledge and behaviours deemed to be integral to the performance of rehabilitation counselling services in the diverse Australian settings in which rehabilitation is now provided.

The Professional Standards of ASORC consist of:

- Code of Ethics for Rehabilitation Counsellors
- Competencies for Rehabilitation Counsellors

In order to obtain and maintain ASORC membership, members must meet designated competency clusters relevant to their level of membership.

There are five competency clusters:

- 1. Foundational Knowledge & Skills
- 2. Counselling Interventions within the Rehabilitation Context
- 3. Vocational Assessment
- 4. Vocational Counselling, Training and Placement
- 5. Long-term Disability & Significant Impairment

Clusters consist of related competency statements, each of which has a number of indicators. These indicators are intended as a guide for members to demonstrate competence and are expressed typically as overt or specific actions (such as demonstrate, apply, indicate, state) and in measurable terms. Indicators fall into the domains of knowledge (K), skills (S) and behaviours (B). There may be other ways of demonstrating competence not listed in the indicators. For definitions of terms used in this document, see Appendix A. For examples relevant to the indicators written throughout, refer to Appendix B.

To be reviewed by November 2024

Cluster 1: Foundational Knowledge & Skills

Cluster 1 consists of competencies deemed essential in providing effective rehabilitation counselling services for persons with disability or disadvantage irrespective of the specific nature of the disability, disadvantage or the service provided. These represent competences required for entry-level practice.

	Competency	Indicators (K – Knowledge, S – Skills, B – Behaviours)
1.1	Explains evidence-based counselling and psychotherapy interventions.	a. Lists, describes and explains common evidence- based counselling and psychotherapy interventions. (K)
1.2	Collaborates with clients to explore the biological, psychological, cognitive and social factors that influence their functioning.	 a. Identifies and describes the potential impact of prevalent musculoskeletal, cognitive, psychological, neurological and sensory impairments on biopsychosocial functioning. (K) b. Lists and describes the psychological principles that undersite half output (IC)
		that underpin behaviour. (K) c. Identifies stages of development and their
		influence on biopsychosocial functioning. (K)
		d. Identifies the impact of social issues and trends that may impact client functioning. (K)
		e. Identifies relevant health and counselling interventions tailored to meet the needs of an individual. (K)
1.3	Administers client services effectively.	a. Delivers services in a timely and cost-effective manner. (S)
		 Applies case and caseload management principles to service delivery to meet customer and client needs in the service context. (S)
		 Writes clear, concise and logical reports which outline specific recommendations to be implemented. (S)
		d. Adapts practice based on client and stakeholder feedback provided. (S)
1.4	Practices ethically in a manner consistent with ASORC standards.	a. Provides services in a manner consistent with the ASORC Code of Ethics. (K, S & B)
1.5	Applies research and evaluation methods to rehabilitation counselling practice.	 a. Critically reflects on and evaluates own practice incorporating peer and/or supervisory feedback. (S)
		b. Engages with research to inform evidence-based rehabilitation counselling practice. (K)

Cluster 2: Counselling Interventions within the Rehabilitation Context

Cluster 2 consists of competencies required to deliver counselling interventions effectively and appropriately in the context of rehabilitation counselling practice.

	Competency	Indicators (K – Knowledge, S – Skills, B – Behaviours)
2.1	Applies counselling and psychological interventions to rehabilitation practice.	 a. Uses counselling skills and psychological interventions to set client expectations for the goals and requirements of service provision. (S) b. Develops strategies to improve a client's (K & s).
		S): i. biopsychosocial functioning
		ii. adjustment to change
		iii. independence.
		c. Ceases counselling with clients at an appropriate stage. (K & S)
		 Recognises and applies interventions to mitigate predictors of delayed return to work impacting a client's functioning and independence. (K & S)
		 Assesses and refers, based on client need, to appropriate psychological or physical therapy services during and at cessation of rehabilitation services. (K & S)
2.2	Develops effective counselling relationships	a. Engages, influences and motivates a client to maximise progress and outcome. (S)
		 Identifies a client's underlying motivations and incentives (S)
		c. Establishes and maintains rapport with a client.(S)
		d. Uses effective counselling techniques. (S)
		e. Maintains professional distance from the client by remaining objective and supporting client independence. (S)
2.3	Identifies legislation and insurance schemes governing the provision of rehabilitation counselling services.	a. Identifies and interprets current legislation and government policy as it relates to (K):
		i. disability and disadvantage
		ii. employment
		iii. the provision of rehabilitation counselling
		iv. the rights of individuals within these systems
		v. a client's circumstances.

		b.	Lists and describes the insurance schemes relevant to disability and personal injury. (K)
		C.	Understands the various treatment, care and support services available for clients. (K)
2.4	Conducts client-centred assessment in a rehabilitation context.	a.	Determines, in collaboration with a client, the extent of impact of the biopsychosocial factors on their functioning. (S)
		b.	Identify strengths, barriers and individual need for specific services using information obtained from a client and other stakeholders. (S)
		C.	Incorporates client preferences in identifying and prioritising issues, services and goals to meet client needs. (S)
		d.	Tailors communication strategies to develop and maintain rapport, trust, ethical relationships and ASORC professional standards. (S & B)
2.5	Plans client-centred counselling services in a rehabilitation context.	a.	Applies client initiated and inclusive planning to develop specific, measurable, achievable, relevant and time-bound (SMART) goals. (S)
		b.	Plans and revises services to remain compliant with current legislation, government policy and funding influencing rehabilitation practice. (S)
		C.	Monitors, reviews and revises client goals, rehabilitation plans and strategies based on the evidence available. (S)
2.6	Implements counselling strategies in a rehabilitation context.	a.	Uses professional judgement, effective decision making and problem-solving skills to select appropriate strategies. (S)
		b.	Applies strategies to address any biopsychosocial factors identified through client led assessment to promote and maximise participation and self-management. (S)
		C.	Applies strategies to influence and coordinate services for successful outcomes and achievement of client goals. (S)

Cluster 3: Vocational Assessment

Cluster 3 consists of competencies for vocational assessment provision. While there are various names for vocational assessments (e.g. Employability Assessment) varying by scheme, work context, legislative context or jurisdiction, competencies for all types of vocational assessments are laid out in this cluster.

By meeting these competencies, ASORC members show evidence of the necessary foundational skills and knowledge required to gain expertise in legislation-specific types of vocational assessments.

	Competency	Indicators (K – Knowledge, S – Skills, B – Behaviours)
3.1	Explains the underpinning theories of vocational assessment and disability.	 a. Lists and describes the differences and applications of at least three of the following theories (K): Psychology of Working Theory Systems Theory Framework of Career Development Person-Environment fit Social Cognitive Theory International Classification of Functioning, Disability and Health.
3.2	Demonstrates knowledge of the world of work and its relevance to clients.	 a. Lists and describes the education & experience requirements for commonly encountered job titles (K). b. Lists and describes the biopsychosocial and cognitive requirements for commonly encountered job titles (K). c. Complies with industrial relations and human resource legislation as it relates to vocational choices. (K & B) d. Utilises appropriate resources in examining and understanding the client's role responsibilities for previously held work. (K & S)
3.3	Uses professional judgement to assess the suitability of conducting vocational assessment for a client.	 a. Lists the indicators for vocational assessment and counselling. (K) b. Determines the appropriateness and timeliness of a vocational assessment. (S) c. Generates alternate strategies should a vocational assessment not be deemed appropriate. (S)
3.4	Tailors and conducts the vocational assessment process to	 a. Lists and describes the various types of vocational assessments relevant to the legislative context. (K)

	Competency	Indicators (K – Knowledge, S – Skills, B – Behaviours)
	the relevant legislative context.	b. Clarifies the purpose, scope and requirements of the assessment. (S)
		c. Selects the appropriate vocational assessment type. (S)
3.5	Tailors the assessment process to the needs of an individual.	a. Tailors the assessment to a client's physical, cognitive, psychological and social capacity. (S)
		 Selects the most appropriate assessment strategies and methods, including formal psychometric testing where appropriate. (K & S)
		 Assesses essential areas of vocational assessment, including the client's (K &S):
		i. functional capacity for work and medical restrictions
		ii. education history, employment history, literacy, numeracy and digital literacy
		 iii. transferable knowledge, skills, abilities and strengths, including how these were acquired and their recency and relevance
		iv. biopsychosocial factors influencing activity and community participation.
3.6	Generates vocational options in line with the purpose of the vocational assessment.	 a. Interprets and evaluates multiple evidence sources and the information resulting from the assessment. (K & S)
		 b. Carries out a job analysis of potential vocational options and matches them to the client's vocational profile. (S)
		 c. Identifies the specific ways the potential vocational options may be modified or restructured to reasonably accommodate persons with impairment or disadvantage. (K & S)
		 d. Determines if there is any requirement for upskilling or retraining in order to allow client to transition into identified vocational option(s). (S)
		e. Selects suitable vocational option(s). (S)
3.7	Provides labour market analysis for recommended	 a. Interprets and evaluates general labour market information relating to the vocational options selected. (S)
	vocational options.	 Confirms the suitability and availability of the selected vocational options within the labour

	Competency	Indicators (K – Knowledge, S – Skills, B – Behaviours)
		market identified. (S)
		c. Uses a range of resources to analyse the labour market data obtained. (S)
3.8	Generates documentation and reports	 a. Compiles the relevant information to be included in the vocational assessment report. (S)
		 Prepares vocational assessment report which may include (S):
		specific transferable skills
		 expressed and assessed interests
		 work values and personality factors
		functional capacity & limitations
		 a client's potential for work or training
		 specific and realistic recommendations for implementation.
		 Includes the evidence sources used to generate recommendations. (S)
		 Identifies appropriate actions to facilitate achievement of the recommended vocational option(s) where appropriate. (S)

Cluster 4: Vocational Counselling, Training and Placement

Cluster 4 contains competencies for vocational counselling, including the vocational training and placement of clients. These are essential skill and knowledge competencies for any area of rehabilitation counselling practice involving vocational goals.

	Competency	Indicators (K – Knowledge, S – Skills, B – Behaviours)
philosophical development and be	development and best	 Explains the contribution of major philosophical developments in the provision of rehabilitation services. (K)
	practice in rehabilitation counselling.	 Describes the models and frameworks of best practice rehabilitation counselling. (K)
		 Defines and applies rehabilitation terminology and concepts to practice. (K)
		 Identifies and describes the stages in the rehabilitation process. (K)
		e. Explains the health benefits of good work and early intervention. (K)
4.2	Provides vocational counselling where appropriate.	 a. Uses vocational counselling to assist clients to understand the health benefits of good work; explore vocational options; engage in the vocational assessment process and prepare for the requirements of obtaining work. (S)
		 b. Identifies and addresses barriers to work with the client including any observed inconsistencies between their vocational choice, abilities and interests and employer and industry expectations. (S)
		 Provides vocational counselling to clarify the positive and negative aspects of vocational choices. (S)
		 Conveys to clients the importance of non-work- related activities in the development of work capacity. (K & S)
		e. Addresses psychosocial barriers that have an impact on a client's vocational choice and motivation, e.g. the influence of social relationships. (S)
4.3	Secures appropriate vocational training for clients.	a. Identifies vocational training relevant to the client's vocational goal(s). (S)
		 Identifies resources or supports within relevant schemes to facilitate client skill development and work readiness. (K & S)
		 Locates, arranges and monitors work experience and training which is in line with the client's expressed and assessed interests and abilities. (S)

	Competency	Indicators (K – Knowledge, S – Skills, B – Behaviours)
	Assists a client to	a. Evaluates the client's skills to obtain work. (S)
	secure and retain work.	 b. Identifies the degree of direct placement intervention required. (S)
		 Uses labour market information to locate, obtain and secure work for clients. (K & S)
		 Uses a tailored approach to match a client to job leads. (S)
	e. Coaches clients in job seeking strategies, including the job search process, resume development, networking, disability disclosure and interview skills. (S)	
		 f. Uses support services and/or incentives to facilitate job placement (S & B).
		 g. Markets clients to employers for potential work by highlighting the client's abilities and the services and support that can be offered. (S & B)
		h. Develops and supports clients and employers in job retention and maintenance. (S & B)

Cluster 5: Long-term Disability & Significant Impairment

Cluster 5 consists of competencies essential in the provision of rehabilitation counselling services to clients experiencing significant impairment restricting one or more significant life activity. The competencies and indicators from cluster 1 remain relevant to this cluster. This cluster focuses on long-term planning, service delivery and coordination to assist clients to achieve their life goals.

Indicators listed as Level 2 are considered desirable but not essential to achieve overall competency in this cluster.

	Competency	Indicators (K – Knowledge, S – Skills, B – Behaviours)
5.1	Provides client-centred planning in the context of long-term disability or significant impairment.	 a. Develops appropriate plans and programs to support achievement of client-generated goals. (S) b. Identifies the services available within the context relevant to the client's needs and goals. (S) c. Reviews plans in line with client needs and legislative requirements. (S)
5.2	Delivers rehabilitation counselling services to assist clients with long- term disability or significant impairment to achieve their goals.	 a. Applies appropriate rehabilitation counselling techniques to deal positively with cultural, environmental and societal responses that impact upon a client. (S) b. Engages with clients and their social supports to facilitate progress towards achieving their goals and overcoming barriers. (S & B) c. (Level 2) Promotes client self-advocacy to support decision-making and their ability to be an informed consumer. (B) d. (Level 2) Promotes client adaptation and integration into their community of support. (B) e. (Level 2) Assesses and evaluates independent living support needs to enable client participation in valued social roles. (S)
5.3	Refers clients with long- term disability or significant impairment to appropriate service providers.	 a. Assesses client needs for referral to other services or support. (S) b. Identifies and assists clients to access services required. (S) c. Effectively evaluates and influences the provision of services. (S)

Appendix A – Definitions

Biopsychosocial Model: a model that examines the impact and intersection of biology, psychology, cognitive, social and environmental factors on mental and physical health.

Case management: a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy to meet the needs of a client through communication and utilise available resources. (Source: Case management society of America)

Caseload management: the ability to manage multiple clients within a limited amount of time whilst providing high quality and cost-effective services.

Client: a recipient of a rehabilitation counselling service.

Client-centred: an approach to service provision and planning that promotes client participation. All actions are based upon what is important to the person from their own perspective and that contributes to their full inclusion in society. (Source: Life without Barriers)

Conflict of interest: a situation in which the concerns or aims of Member and any other party is incompatible.

Disability: the loss or limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers. Disability is the result of negative interactions between a person with an impairment and their social environment.

Evidence-based practice: an approach to service provision that integrates the best available research evidence with clinical expertise and patient values. (Source: University of Sydney)

Good Work: work that: engages workers; engages with the community culture that reflects the local, regional and operational contexts in which the work is performed; respects procedural justice and relational fairness; promotes civility and is intolerant of incivility, discrimination and bullying; appropriately balances job demands, job control and job security. (Source: AFOEM)

Impairment: an injury, illness, or congenital condition that causes or is likely to cause a loss or restriction of physiological, cognitive, psychological or social function.

Informed Consent: permission that is granted in full knowledge of the possible consequences and the possible risks or benefits.

Jurisdiction: The Commonwealth of Australia or the state or territory in which a Rehabilitation Counsellor is providing services.

Legal rights: rights protected under laws and statutes of the Commonwealth of Australia, or of the state or territory in which a Rehabilitation Counsellor is rendering a service.

Member: a member, of any level, of ASORC.

Rehabilitation counselling: any service provided by a Member to a client including but not limited to counselling; evaluation of social, medical, vocational or biopsychosocial information; coordination of individual client rehabilitation programs, job placement and job development services; or other services.

Rehabilitation counsellor: any ASORC Member irrespective of the level of membership.

Rehabilitation program/Rehabilitation plan: any plan or program designed in collaboration with the client which outlines stages, tasks, outcomes and timeframes for rehabilitation service delivery.

Rights: the universal human rights as defined by the United Nations Universal Declaration of Human Rights. This incorporates rights that may or may not be fully protected by existing laws.

Predictors of delayed recovery: a client circumstance which may predict a longer than average recovery time. This may include opioid prescription, worker's recovery expectations, participation in a rehabilitation program, presence of comorbidities, workplace culture and potential secondary gains.

Transferrable skills: any skill useful to employers across various jobs and industries. This might include technical skills, adaptability, organisation, teamwork and communication.

Vocational Assessment: an objective evaluation of an individual's skills, capacity, employment experiences and vocational goals, to inform recommendations about sustainable and suitable job options. Information to inform a vocational assessment should include, but not be limited to, the following tools and activities: transferrable skills analysis, vocational interest inventories, psychometric testing, independent functional capacity evaluations and labour market analysis. (Source: DVA)

Vocational Counselling: professional and personal counselling that focuses on career development and the unique vocational needs of individuals with injury or disability. (Source: Springer)

Appendix B – Examples

The following is intended as a guide only to provide some clarification of indicators listed in the competencies. As the industry changes, these examples may no longer be relevant and will be updated when this document is revised in 2024.

Counselling techniques

- Attending
- Listening
- Reflecting
- Probing
- Questioning
- Challenging
- Summarisation

Evidence-based counselling and psychotherapy interventions

- Acceptance and commitment therapy (ACT)
- Cognitive behaviour therapy (CBT)
- Dialectical behaviour therapy (DBT)
- Emotion-focused therapy (EFT)
- Family therapy and family-based interventions
- Interpersonal psychotherapy (IPT)
- Mindfulness-based cognitive therapy (MBCT)
- Motivational interviewing
- Narrative therapy
- Psychoeducation
- Schema-focused therapy
- Solution-focused brief therapy (SFBT)

Models and frameworks of rehabilitation counselling

- Psychology of Working Theory
- Systems Theory Framework of Career Development
- Person-Environment fit
- Social Cognitive Theory
- International Classification of Functioning, Disability and Health

Insurance schemes relevant to disability and personal injury

- State-based compulsory third party motor vehicle injury schemes
- State-based workers' compensation schemes
- Life insurance
- Injury insurance
- National Disability Insurance Scheme (NDIS)
- Total and permanent disability (TPD) insurance
- Professional indemnity insurance
- Public liability insurance
- Income protection insurance

Labour market resources

• Available here on the ASORC website

Rehabilitation counselling resources

• Available here on the ASORC website

Subtypes of vocational assessments relevant to the Australian context

- Vocational assessment
- Employability assessment
- Transferrable skills analysis
- Earning capacity assessment
- Labour market analysis



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