Vocational Rehabilitation Competencies

Approved by BOD 20 January 2019

Supported by Vocational Rehabilitation Services of Canada
Contents

Domain 1 – Vocational Rehabilitation Theory and Practice ......................................................... 9

A. Foundation of Vocational Rehabilitation Profession .......................................................... 10
   1.1 Define the profession of vocational rehabilitation ......................................................... 10
   1.2 Models of vocational rehabilitation .............................................................................. 10
   1.3 The vocational rehabilitation process ........................................................................ 10
   1.4 Stages of psychosocial adaptation to disability .............................................................. 10
   1.5 WHO definitions related to disabilities ....................................................................... 11
   1.6 Types of disabling definitions ...................................................................................... 11
   1.7 Return to work hierarchy ............................................................................................ 11
   1.8 Role of health care professionals ................................................................................ 11

B. Historic foundations of vocational rehabilitation ............................................................ 11
   1.9 Thomas Gallaudet ........................................................................................................ 11
   1.10 Dorothea Dix ............................................................................................................... 11
   1.11 Samuel Gridley Howe ............................................................................................... 11
   1.12 Hawthorne effect ....................................................................................................... 11
   1.13 Vocational rehabilitation history in Canada ............................................................... 11

C. Canadian and International legislation .............................................................................. 12
   1.14 International and Canadian legislation addressing Vocational Rehabilitation ........... 12

D. Schools of psychology .......................................................................................................... 12
   1.15 Understand the basics of Structuralism ........................................................................ 12
   1.16 Understand the basics of behavioural schools of thought ........................................ 12
   1.17 Understand the basics of cognitive-behavioural models ........................................... 14
   1.18 Understand the basics of existential psychology ....................................................... 14
   1.19 Understanding the basics of humanistic psychology .................................................. 14
   1.20 Basic understanding of reality therapy – William Glasser ........................................ 14
   1.21 Understand the basics of psychoanalytic/psychodynamic theories ............................ 14

E. Schools of vocational counselling ......................................................................................... 15
   1.22 Understand the basics of career counselling:............................................................... 15
   1.23 Understand the basics of development models of career counselling ....................... 16
   1.24 Personality Approaches to Career Counselling .......................................................... 16

Domain 2 – Aspects of Disability .............................................................................................. 17

A. Range of Disabling Conditions ............................................................................................ 17
2.1 Variety of disabling conditions: ................................................................. 17

B. Physical Disabilities ......................................................................................... 17
  2.2 Nervous System ......................................................................................... 17
  2.3 Pain ........................................................................................................... 18
  2.4 Recovery from pain ................................................................................... 18
  2.5 Types of physical disabilities ................................................................. 18

C. International Classification of Functioning, Disability and Health (ICF) ........................................ 19

D. Psychological/Cognitive Disabilities ................................................................ 19
  2.6 Diagnostic and Statistical Manual of Mental Disorders (DSM) ............... 19
  2.7 Psychological disabilities ......................................................................... 19

E. Rehabilitation Process ......................................................................................... 20
  2.8 Diagnosis .................................................................................................. 20
  2.9 Medication (drug use) .............................................................................. 20
  2.10 Rehabilitation ......................................................................................... 20

Domain 3 – Vocational Interviewing and Counselling ............................................ 22

A. Roles and Function of the Vocational Rehabilitation Professional .................. 22
  3.1 Knowledge and skills of a vocational rehabilitation professional .......... 22
  3.2 Difference between vocational guidance and counselling ...................... 22
  3.3 Stages of career counselling .................................................................... 22

B. Theories of Career Choice and Occupational Development .......................... 22
  3.4 Trait Factor Theory .................................................................................. 22
  3.5 Roe’s Theory of Occupational Choice and Development .................... 22
  3.6 Super’s Theory of Career Development .................................................. 22

C. Interviewing Skills ........................................................................................ 22
  3.7 Listening .................................................................................................... 22
  3.8 Questioning ............................................................................................... 22
  3.9 Identifying the need .................................................................................. 23
  3.10 Initial assessment documentation .......................................................... 23

D. Vocational Counselling ..................................................................................... 23
  3.11 Motivational counselling ........................................................................ 23
  3.12 Vocational counselling process ............................................................... 23
  3.13 Client motivation .................................................................................... 23
  3.13A Dealing with psycho-social issues ......................................................... 23

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<table>
<thead>
<tr>
<th>Section</th>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.14</td>
<td>Client involvement in development of VR plan</td>
<td>23</td>
</tr>
<tr>
<td>3.15</td>
<td>Written vocational rehabilitation plan</td>
<td>23</td>
</tr>
<tr>
<td>3.16</td>
<td>Labour market research</td>
<td>23</td>
</tr>
<tr>
<td>3.17</td>
<td>Cognitive dissonance</td>
<td>23</td>
</tr>
<tr>
<td>3.18</td>
<td>Transference and counter-transference</td>
<td>23</td>
</tr>
<tr>
<td>3.18A</td>
<td>Transferable skills</td>
<td>23</td>
</tr>
<tr>
<td>3.19</td>
<td>Psycho-social issues impacting return to work</td>
<td>23</td>
</tr>
<tr>
<td>3.20</td>
<td>Decision making process</td>
<td>23</td>
</tr>
<tr>
<td>E.</td>
<td>Working with Families</td>
<td>23</td>
</tr>
<tr>
<td>3.21</td>
<td>Importance of client relationship with family</td>
<td>23</td>
</tr>
<tr>
<td>3.22</td>
<td>Confidentiality</td>
<td>23</td>
</tr>
<tr>
<td>3.23</td>
<td>Rapport building</td>
<td>23</td>
</tr>
<tr>
<td>F.</td>
<td>Crisis Intervention</td>
<td>23</td>
</tr>
<tr>
<td>3.24</td>
<td>Identification of areas of risk</td>
<td>23</td>
</tr>
<tr>
<td>3.25</td>
<td>Training of individuals prior to crisis</td>
<td>24</td>
</tr>
<tr>
<td>3.26</td>
<td>Immediate follow-up after crisis</td>
<td>24</td>
</tr>
<tr>
<td>3.27</td>
<td>Styles of dealing with crisis</td>
<td>24</td>
</tr>
</tbody>
</table>

**Domain 4 – Vocational Rehabilitation Assessment and Evaluation**

<table>
<thead>
<tr>
<th>A.</th>
<th>Role of Assessment and Assessment Procedures in Vocational Rehabilitation</th>
<th>25</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Intake interview</td>
<td>25</td>
</tr>
<tr>
<td>4.2</td>
<td>Medical evaluation</td>
<td>25</td>
</tr>
<tr>
<td>4.3</td>
<td>Psychological evaluation</td>
<td>25</td>
</tr>
<tr>
<td>4.4</td>
<td>Vocational evaluation</td>
<td>25</td>
</tr>
<tr>
<td>B.</td>
<td>Employability Assessment</td>
<td>25</td>
</tr>
<tr>
<td>4.5</td>
<td>Content</td>
<td>25</td>
</tr>
<tr>
<td>4.6</td>
<td>Documentation</td>
<td>25</td>
</tr>
<tr>
<td>C.</td>
<td>Test Coverage and Use/Statistics</td>
<td>25</td>
</tr>
<tr>
<td>4.7</td>
<td>Scales of measurement</td>
<td>25</td>
</tr>
<tr>
<td>4.8</td>
<td>Test Standardization</td>
<td>25</td>
</tr>
<tr>
<td>4.9</td>
<td>Criterion referenced</td>
<td>25</td>
</tr>
<tr>
<td>4.10</td>
<td>Test Reliability</td>
<td>25</td>
</tr>
<tr>
<td>4.11</td>
<td>Test Validity</td>
<td>26</td>
</tr>
<tr>
<td>D.</td>
<td>Using VR Assessment/Evaluation Tools</td>
<td>26</td>
</tr>
</tbody>
</table>
4.12 Assessment methods and techniques ................................................................. 26
4.13 Assessment tools – types and instruments ......................................................... 26
4.14 Transferable Skills Analysis .............................................................................. 27
4.15 Situational Assessments ................................................................................... 27
4.16 Testing levels (A, B, C) .................................................................................... 28
4.17 Forensic testing ................................................................................................. 28

Domain 5 – Diversity and the Vocational Rehabilitation Professional .................. 29

A. Diversity and Legislation ..................................................................................... 29
   5.1 Canadian Multiculturalism Act ....................................................................... 29
   5.2 Canadian Human Rights Act ......................................................................... 29

B. Gender, Disability, Sexual Orientation and Aging .............................................. 29
   5.3 Gender impact on entering, maintaining or re-entering employment .......... 29
   5.4 Disability impact on entering, maintaining or re-entering employment ....... 29
   5.5 Sexual Orientation impact on entering, maintaining or re-entering employment .. 29
   5.6 Aging impact on entering, maintaining or re-entering employment ......... 29

C. Cultural Awareness ......................................................................................... 29
   5.7 Developing awareness ................................................................................... 29
   5.8 Allowing cultural differences ........................................................................ 29
   5.9 Building friendships of mutual respect .......................................................... 29
   5.10 Listening ...................................................................................................... 29
   5.11 Acquiring knowledge of other cultures ...................................................... 29
   5.12 Full inclusion .............................................................................................. 29
   5.13 Cultural assumption .................................................................................... 29
   5.14 Acculturation .............................................................................................. 29
   5.15 Ethnicity ..................................................................................................... 29
   5.16 Prejudice .................................................................................................... 29
   5.17 Stereotyping ............................................................................................... 29
   5.18 Mores ......................................................................................................... 29
   5.19 Values ......................................................................................................... 29
   5.20 Bias ............................................................................................................. 29
   5.21 Explicit culture ............................................................................................ 29
   5.22 Invisible culture .......................................................................................... 29
   5.23 Ethnocentrism ............................................................................................ 29
5.24 Cultural Norms .................................................................................................................. 30
5.25 Worldview .......................................................................................................................... 30

**Domain 6 – Job Development and Placement** ............................................................................. 31

**A. Labour Market/Occupational** ............................................................................................ 31
6.1 Labour Market Information ...................................................................................................... 31

**B. Vocational Planning** .......................................................................................................... 31
6.2 Developing a vocational rehabilitation plan ........................................................................... 31
6.3 Using the results from vocational assessment/evaluation ..................................................... 31

**C. Placement Development** .................................................................................................. 31
6.4 Job seeking skills .................................................................................................................... 31
6.5 Stigma ..................................................................................................................................... 31
6.6 Understanding client restrictions/limitations ......................................................................... 31
6.7 Understanding job demands ................................................................................................... 31
6.8 Work hardening ...................................................................................................................... 31
6.9 Direct job placement .............................................................................................................. 31
6.10 Supported employment .......................................................................................................... 31
6.11 Sheltered workshop ............................................................................................................... 31
6.12 Enclave model ...................................................................................................................... 31
6.13 Job coaching model .............................................................................................................. 32
6.14 Co-worker model .................................................................................................................. 32
6.15 Work trial .............................................................................................................................. 32
6.16 Job shadowing ..................................................................................................................... 32
6.17 Training on the job (TOJ) ..................................................................................................... 32
6.18 Job bundling .......................................................................................................................... 32
6.19 Social enterprise ................................................................................................................... 32

**D. Job Placement** ................................................................................................................... 32
6.20 Hidden job market ................................................................................................................. 32
6.21 Cold calls ............................................................................................................................... 32
6.22 Employer negotiations .......................................................................................................... 32
6.23 Job analysis/job matching .................................................................................................... 32
6.24 Monitoring ............................................................................................................................ 32
6.25 Documentation ..................................................................................................................... 32

**E. Job Search** .......................................................................................................................... 32

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6.26 Resume construction ................................................................. 32
6.27 Interview skills ........................................................................ 32
6.28 Job search techniques (e.g. cold calls) ........................................ 32
6.29 Job club (Azrin) ....................................................................... 32

**Domain 7 – Case Management and Disability Management** .......................................................... 33

- **A. Case Management** .............................................................. 33
  - 7.1 Case management process .................................................. 33

- **B. Disability Management** ..................................................... 33
  - 7.2 Disability management models ............................................ 33
  - 7.3 Disability management process ............................................ 33
  - 7.4 Fear of re-injury ................................................................. 34
  - 7.5 Return to work options ....................................................... 34
  - 7.6 Legal requirements ............................................................ 34
  - 7.7 Working with Unions ......................................................... 34

**Domain 8 – Ethical and Professional Conduct** .................................................... 35

- **A. Personal Well-being** .......................................................... 35
  - 8.1 Personal well-being and impact on ethical decision making .... 35
  - 8.2 Burnout .............................................................................. 35
  - 8.3 Self-acceptance ................................................................. 35
  - 8.4 Personal growth ............................................................... 35
  - 8.5 Purpose in life ................................................................. 35
  - 8.6 Environmental mastery .................................................... 35
  - 8.7 Autonomy ....................................................................... 35
  - 8.8 Positive relations with others ........................................... 35

- **B. Factors Influencing Unethical Behaviour** ............................ 35
  - 8.9 Self-image ....................................................................... 35
  - 8.10 Personal biases .............................................................. 35
  - 8.11 Euphemisms ................................................................... 35
  - 8.12 Time pressure ............................................................... 35
  - 8.13 Cognitive dissonance ..................................................... 35
  - 8.14 Tired/hungry .................................................................. 35

- **C. Foundation of Ethical Conduct** ......................................... 35
  - 8.15 Criteria for “professional” ............................................... 35
8.16 Differences Code of Conduct and Code of Ethics ................................................................. 35
8.17 Personal versus professional morals/ethics ................................................................. 35
8.18 History of ethical thought ......................................................................................... 35
8.19 Ethics of Conduct ........................................................................................................ 36
8.20 Ethics of Character ...................................................................................................... 36

D. Values ................................................................................................................................. 36

8.21 Autonomy ...................................................................................................................... 36
8.22 Nonmaleficence ............................................................................................................. 36
8.23 Beneficence ................................................................................................................... 36
8.24 Justice ............................................................................................................................ 36
8.25 Fidelity ............................................................................................................................ 36
8.26 Veracity ........................................................................................................................... 36

E. Ethical Decision Making ....................................................................................................... 36

8.27 Define the parameters of the problem ......................................................................... 36
8.28 Identify the ethical/legal issues .................................................................................... 36
8.29 Consider personal biases, stresses or self-interest ....................................................... 36
8.30 Consult Code of Ethics .................................................................................................. 36
8.31 Generate possible courses of action ............................................................................ 36
8.32 Consider potential consequence of all options & determine course of action ............. 36
8.33 Evaluate the selected course of action ......................................................................... 36
8.34 Implement the course of action .................................................................................... 36
8.35 Act .................................................................................................................................... 36
8.36 Establish a plan to evaluate the results ........................................................................ 36
8.37 Evaluate the organizational systems ............................................................................ 37

F. Applying Ethical Practice ..................................................................................................... 37

8.38 Informed consent ........................................................................................................... 37
8.39 Boundaries ..................................................................................................................... 37
8.40 Multiple relations ......................................................................................................... 37
8.41 Client confidentiality ....................................................................................................... 37
8.42 Privileged information .................................................................................................... 37
8.43 Critiquing professional reports ...................................................................................... 37
8.44 Mandatory reporting ..................................................................................................... 37
8.45 Submission of addendum report .................................................................................... 37

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Domain 9 – Communication and Record Keeping

A. Communication
   9.1 Promoting active participation
   9.2 Group leadership

B. Presenting to Groups
   9.3 Preparation
   9.4 Understanding the material
   9.5 Knowing the audience
   9.6 Drafting the speech
   9.7 Using visual aids

C. Documentation
   9.8 File documentation
   9.9 Meeting documentation

D. Report Writing
   9.10 Content
   9.11 Confidentiality
   9.12 Report writing for court

E. Security
   9.13 File security
   9.14 Release of information
   9.15 Destruction of files

F. Use of Computer Technology
   9.16 Word Processor
   9.17 Spread Sheet
   9.18 Presentation software
   9.19 Data base software

Domain 1 – Vocational Rehabilitation Theory and Practice
This is a large and complex domain in that it contains the foundational information of the profession. It includes such areas as: history of vocational rehabilitation profession, models of vocational rehabilitation, the value of vocational rehabilitation (e.g. why do it), theorists (personality and vocational), legal foundation, other professions which provide services to vocational rehabilitation professionals, legal implications (e.g. expert witness), etc.

A. Foundation of Vocational Rehabilitation Profession

1.1 Define the profession of vocational rehabilitation

- Person’s served
- Services provided
- Goal
- Scope of practice
- Professional credentials

1.2 Models of vocational rehabilitation

- Medical model
- Environmental model
- Managed care model
- Biopsychosocial model

1.3 The vocational rehabilitation process

- Vocational rehabilitation should ideally start at the onset of disability
- Intake interview – evaluation
- Vocational assessment
- Individual written vocational plan
- Labour market research
- Job Coaching
- Directed job search
- Job modification/accommodation
- Employability assessment

1.4 Stages of psychosocial adaptation to disability¹

- Shock
- Anxiety
- Denial

• Depression
• Internalized anger
• Externalized anger
• Acknowledgement
• Adjustment

1.5 WHO definitions related to disabilities

• Disability
• Impairment
• Handicap

1.6 Types of disabling definitions

• Restrictions/limitation
• Permanent/Temporary disability
• Total/partial disability
• Plateau/Maximum medical recovery
• Permanent functional impairment

1.7 Return to work hierarchy

1.8 Role of health care professionals

• General practitioner
• Specialists
• Psychiatrists
• Psychologists
• Physiotherapists
• Occupational therapists
• Kinesiologists
• Life care planner

B. Historic foundations of vocational rehabilitation

1.9 Thomas Gallaudet
1.10 Dorothea Dix
1.11 Samuel Gridley Howe
1.12 Hawthorne effect
1.13 Vocational rehabilitation history in Canada

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- World War I – Invalid Soldiers’ Commission – Vocational Branch
- Canadian Association for the Deaf – 1940
- Easter Seals - 1945
- Canadian Paraplegic Association – 1945
- Canadian Association for Community Living – 1948
- Council of Canadians with Disabilities – 1976

C. Canadian and International legislation

1.14 International and Canadian legislation addressing Vocational Rehabilitation

- Canadian Multiculturalism Act
- Canadian Human Rights Act
  - Scope of Act
  - Duty to Accommodate
  - Undue hardship
  - Grounds for discrimination protection
- Canada Pension Plan Disability definition of catastrophic impairment
- Canada Election Act - Charter - individuals in mental health and training institutions
- Personal Information Protection and Electronic Documents Act
- Canadian workers' compensation laws
  - Workers’ Compensation Boards funding
  - Workers’ compensation premiums assessments
  - Worker’s compensation accident fund go toward providing what services
  - Wage loss benefits
- Canada Labour Code
- Canada's diversification program
- Obstacle Report

D. Schools of psychology

1.15 Understand the basics of Structuralism

- Wilhelm Wundt
- Edward Tichener
- Implications for vocational rehabilitation

1.16 Understand the basics of behavioural schools of thought
• Contiguous theory - Edwin Guthrie: “A combination of stimuli which has accompanied movement will on its recurrence tend to be followed by the movement”.

• Classical Conditioning
  o Pavlov
    ▪ Condition stimulus
    ▪ Unconditioned stimulus
    ▪ Unconditioned response
    ▪ Conditioned response
    ▪ Stimulus generalization
    ▪ Extinction
    ▪ Counter conditioning
  o Joseph Wolpe
    ▪ Systematic desensitization

• Operant Conditioning
  o B. F. Skinner
  o Positive reinforcement
  o Negative reinforcement
  o Avoidance learning
  o Negative punishment
  o Positive punishment
  o Extinction
  o Fixed interval
  o Variable interval
  o Fixed ratio
  o Variable ratio
  o Satiation
  o Immediacy
  o Contingency
  o Size
  o Premack principle
  o Flooding therapy
  o Token economy
  o Shaping
  o Differential reinforcement
  o Vicarious conditioning (primary and secondary)
  o Avoidance learning
  o Noncontingent reinforcement

• Implications for vocational rehabilitation

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2 Introduction to Classical conditioning - https://www.simplypsychology.org/operant-conditioning.html

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1.17 Understand the basics of cognitive-behavioural models

- Cognitive Therapy – Aaron Beck
- Cognitive-behaviour Therapy – Donad Meichenbaum
- Rational-emotive Behavioural Therapy – Albert Ellis – REBT
- Implications for vocational rehabilitation

1.18 Understand the basics of existential psychology

- Logo Therapy – Viktor Frankl
- Self-actualization – Abraham Maslow
  - Hierarchy of needs
- Trait Theory – Gordon Allport
- Implications for vocational rehabilitation

1.19 Understanding the basics of humanistic psychology

- Multimodal therapy – Arnold Lazarus
- Person-centered therapy – Carl Rogers
  - Congruence
  - Active listening
  - Characteristics of counsellor
- Gestalt psychology – Fritz Perls
- Transactional analysis – Eric Berne
  - Parent, child and adult
- Implications for vocational rehabilitation

1.20 Basic understanding of reality therapy – William Glasser

- Implications for vocational rehabilitation

1.21 Understand the basics of psychoanalytic/psychodynamic theories

- Psychoanalytic theory – Sigmund Freud
  - Id, ego, superego
  - Development stages:
    - Oral
    - Anal
    - Phallic
    - Latency
    - Genital
  - Defense mechanisms:
    - Repression
    - Reaction formation
    - Projection
    - Sublimation
    - Regression
- Rationalization
- Denial
- Displacement
- Compensation
  - Phobias
  - Resistance
- Analytic psychology – Carl Jung
  - Archetypes
  - Collective unconscious
- Individual psychology – Alfred Adler
- P:ychosocial Development – Erik Erikson
  - Trust vs mistrust
  - Autonomy vs shame and doubt
  - Initiative vs guilt
  - Industry vs inferiority
  - Identity vs role diffusion
  - Intimacy vs isolation
  - Generativity vs stagnation
  - Integrity vs despair
- Implications for vocational rehabilitation

E. Schools of vocational counselling

1.22 Understand the basics of career counselling:

- Behavioural approaches
  - Behaviourist Theory – John Krumboltz
    - Vocational maturity
    - Social learning theory
    - Serendipity
  - Work adjustment theory – Rene Dawis, George England and Lloyd Lundquist
  - Career anchors – Edgar Schein
  - Job Club - Azarin
- Cognitive approaches
  - Social Cognitive Career Theory – Robert Lent, Steven Brown and Gail Hackett
  - Cognitive Information Processing – Gary Peterson, Jams Sampson and Robert Reardon
- Decision making models
  - Decision making model – H. B. Gelatt
  - Anticipation/Implementation model – David Tiedeman and Robert O'Hara
  - Career Maturity – John Crites
  - Theory of Circumscription and Compromise – Linda Goettfredson
1.23 Understand the basics of development models of career counselling

- Psycho-social theory of vocational development – Donald Super
  - Growth
  - Establishment
  - Maintenance
  - Decline
- Career decision making – Eli Ginzberg
  - Fantasy
  - Tentative
  - Realistic

1.24 Personality Approaches to Career Counselling

- Psychoanalytic Theory – Ann Roe
- Personality type theory – John Holland
  - Realistic
  - Investigative
  - Social
  - Conventional
  - Enterprising
  - Artistic
  - Holland codes
- Trait-factor theory of vocational development – Frank Parsons
Domain 2 – Aspects of Disability

The VR professional must have a clear understanding of the wide range of disabling conditions and their implications for assisting the client in their movement towards employment. This domain includes: work related injuries and illnesses, non-work related injuries and illnesses, congenital disabilities, physical disabilities and psychological disabilities.

A. Range of Disabling Conditions

2.1 Variety of disabling conditions:
   a. Congenital disorders
   b. Traumatic injuries
   c. Illness/disease
   d. Degenerative disease
   e. Physical disabilities
   f. Psychological disabilities
   g. Work related illness/injuries
   h. Preventative rehabilitation

B. Physical Disabilities

2.2 Nervous System
   a. Neuroanatomy
      • Neuron
      • Dendrites
      • Nucleus
      • Axon
      • Myelin sheath
   b. The Brain
      • Frontal lobe
      • Temporal lobe
      • Parietal lobe
      • Occipital lobe
      • Cerebellum
      • Left and right hemispheres
   c. Spinal Column
      • Cervical
• Thoracic
• Lumbar
• Sacrum/sacral
• Coccyx/coccygeal
d. Peripheral Nervous System
e. Cranial Nerves

2.3 Pain

a. Acute pain
b. Chronic pain

2.4 Recovery from pain

a. Acute phase
b. Subacute phase
c. Chronic phase

2.5 Types of physical disabilities

a. Amyotrophic Lateral Sclerosis (ALS)
b. Attention disorder
c. Back injury
d. Brassyphrenia
e. Burns
f. Complex Regional Pain Disorder
g. Diabetes Mellitus
h. Hearing issues/Deafness
i. Herniated disc
j. HIV/AIDS
k. Multiple Sclerosis
l. Parkinson’s disease
m. Repetitive strain disorder
n. Spinal cord injuries
   • Autonomic dysreflexia
o. Strokes (CVA)
p. Traumatic (Acquired) Brain Injury
q. Cardiovascular disease
r. Cystic fibrosis
s. Fetal alcohol syndrome
t. Anorexia
u. Crohn disease
v. Tourette syndrome
w. Hyperglycemia
x. Raynaud’s disease
y. Seizure disorders
z. Guillain-Barre syndrome
aa. Carpal tunnel syndrome
bb. Bradyphrenia  
c. Prader-willii syndrome  
dd. Alzheimer's  
e. Spondylosis  
ff. Visual impairment

C. **International Classification of Functioning, Disability and Health (ICF)**

D. **Psychological/Cognitive Disabilities**

2.6 Diagnostic and Statistical Manual of Mental Disorders (DSM)

a. Axis I – clinical syndromes  
b. Axis II – developmental and personality disorders  
c. Axis III – acute medical conditions and physical disorders  
d. Axis IV – severity of psychological stressors  
e. Axis V – global assessment of functioning (GAF score)

2.7 Psychological disabilities

a. Adjustment disorder  
b. Substance related disorder  
c. Anxiety disorder  
d. Generalized anxiety disorder  
e. Panic disorder  
f. Obsessive-compulsive disorder (OCD)  
g. Posttraumatic stress disorder  
h. Conversion disorder  
i. Mood disorders
   • Depression  
   • Major depressive disorder  
   • Dysthymic disorder  
   • Bipolar disorder  
j. Personality disorders
   • Paranoid personality disorder  
   • Schizoid personality disorder  
   • Schizotypal  
   • Antisocial personality disorder  
   • Histrionic personality disorder  
   • Narcissistic personality disorder  
   • Borderline personality disorder  
   • Avoidant personality disorder  
   • Dependent personality disorder  
   • Obsessive compulsive personality disorder  
k. Mental retardation  
l. Learning disabilities
m. Alcoholism

E. Rehabilitation Process

2.8 Diagnosis

- Blood tests
- X-ray
- Magnetic resonance imaging (MRI)
- Computerized Tomography Scan (CT Scan)
- Single-proton emission computerized tomography (SPECT Scan)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG/ECG)

2.9 Medication (drug use)

- OxyContin
- Paxil
- Lipitor
- Vicodin
- Norvasc
- Omeprazole
- Xanax
- Diazepam
- Sertraline
- Risperidone

2.10 Rehabilitation

- Reflexive response
- Comorbidity
- Respondent pain
- Pain threshold
- Idiopathic
- Orthotics
- Physiotherapy - timing
- Neuropsychology
- Electroencephalogram
- Psychiatrists
- Angioplasty
- Neuro-ophthalmology
- Radiology
- Occupational Therapy
- Physical Therapy
- Massage Therapy
• Computerized Tomography Scan
• Magnetic Resonance Imaging
• Nerve conduction velocity
• Neuropsychological assessment
• Assistive technology
• Work conditioning
• Audiology
• Orthotics
• Prosthetics
• Speech language pathology
• Rheumatologist
• Maximum medical recovery
• Residual functional capacity
• ASIA Impairment Scale
• Comorbidity
• Physically demands analysis
Domain 3 – Vocational Interviewing and Counselling

The biopsychosocial model of disability provides the most effective understanding of the effects of a disability on the individual. It takes into consideration not only the biological/medical issues, but also the social and psychological impact of the disability on the individual. For a vocational rehabilitation program to be effective, it also has to recognize and provide services to the person, rather than focus just on the biological aspects of their disability.

A. Roles and Function of the Vocational Rehabilitation Professional

3.1 Knowledge and skills of a vocational rehabilitation professional
3.2 Difference between vocational guidance and counselling
3.3 Stages of career counselling

B. Theories of Career Choice and Occupational Development

3.4 Trait Factor Theory
   • Gaining self-understanding
   • Obtaining knowledge about the world of work
   • Integrating information about oneself and the world of work
   • Vocational rehabilitation professional issues
   • Application to persons with disabilities
3.5 Roes Theory of Occupational Choice and Development
   • Eight occupational groups
   • Six levels of responsibility
   • Application for persons with disabilities
3.6 Super’s Theory of Career Development

C. Interviewing Skills

3.7 Listening
3.8 Questioning
   • Open versus closed questions
   • Types of questions
   • Empowering words
   • Paraphrasing
   • Summarizing
   • Non-verbal communication
• Environmental influences
• Transpositional questions

3.9 Identifying the need

• Presenting problem
• Underlying problem
• Building rapport and trust

3.10 Initial assessment documentation

D. Vocational Counselling

3.10A Egan’s skilled helper model
3.11 Motivational counselling
3.12 Vocational counselling process

• Information gathering
• Occupational exploration
• Action plan
• Referral to other professional
• Addressing psycho-social issues

3.13 Client motivation
3.13A Dealing with psycho-social issues
3.14 Client involvement in development of VR plan
3.15 Written vocational rehabilitation plan
3.16 Labour market research
3.17 Cognitive dissonance
3.18 Transference and counter-transference
3.18A Transferable skills

• Transferable skills analysis
3.19 Psycho-social issues impacting return to work
3.20 Decision making process

E. Working with Families

3.21 Importance of client relationship with family
3.22 Confidentiality
3.23 Rapport building

F. Crisis Intervention

3.24 Identification of areas of risk

Supported by Vocational Rehabilitation Services of Canada
3.25 Training of individuals prior to crisis
3.26 Immediate follow-up after crisis
3.27 Styles of dealing with crisis

- Denial vs. withdrawal
- Suppression vs. smoothing over
- Power vs. dominance
- Compromise vs negotiation
- Integration vs. collaboration
Domain 4 – Vocational Rehabilitation Assessment and Evaluation

Vocational assessment is defined as the global appraisal of an individual’s work/training background, general functional capacities, and social/behavioural characteristics. It usually includes an evaluation of medical factors, psychological makeup, educational background, social behaviours, attitudes, values, work skills and abilities.

Vocational evaluation, on the other hand, is a specific process that involves the appraisal of a person’s work related characteristics important for education and training to obtain and maintain employment. It includes a comprehensive review of specific work characteristics, including but not limited to occupational interests, specific job skills, worker traits, general intelligence, temperament, physical capacities, strength, range of motion and other work-related functions and aptitudes.

A. Role of Assessment and Assessment Procedures in Vocational Rehabilitation

4.1 Intake interview
4.2 Medical evaluation
4.3 Psychological evaluation
4.4 Vocational evaluation

B. Employability Assessment

4.5 Content
4.6 Documentation

C. Test Coverage and Use/Statistics

4.7 Scales of measurement
   - Nominal
   - Ordinal
   - Interval
   - Ratio

4.8 Test Standardization
4.9 Criterion referenced
4.10 Test Reliability
   - Reliability coefficients
   - Test-retest reliability
• Alternate form reliability
• Internal consistency reliability
• Split-halves reliability
• Kuder-Richardson test
• Crombach’s alpha test

4.11 Test Validity

• Content validity
• Criterion-related validity
  o Concurrent validity
  o Predictive validity
• Construct validity
• Measure of central tendency
  o Mean
  o Median
  o Mode
• Correlation Coefficient
• Variability
  o Range
  o Variance
• Percentile rank
• Quartiles
• Z-scores
• T-scores
• Stanine scores
• Standard deviation
• Standard errors
  o Standard error of means
  o Standard error of measurement
  o Statistical significance (null hypothesis)
• Multiple regression
• Outlier
• Control group
• Sample size

D. Using VR Assessment/Evaluation Tools

4.12 Assessment methods and techniques
4.13 Assessment tools – types and instruments

• Intelligence tests
- Wechsler Adult Intelligence Scale
- Wechsler Intelligence Scale for Children
- Stanford-Binet
- Woodcock-Johnson Tests of Cognitive Abilities
- Kaufman Assessment Battery for Children
- Toni 4 (nonverbal intelligence)

- Achievement tests
  - Canadian Adult Achievement Test (CAAT)
  - Wechsler Individual Achievement Test
  - Wide Range Achievement Test (WRAT)

- Aptitude tests
  - General Aptitude Test Battery (GATB)
  - Differential Aptitude Test (DAT)

- Interest Inventories
  - Canadian Work Preference Inventory
  - Strong Interest Inventory
  - Self-Directed Search (SDS)
  - Jackson Vocational Survey
  - Career Occupational Preference System (COPS)
  - Reading Free Vocational Interest Inventory
  - Career Assessment Inventory

- Personality Tests
  - Projective Personality Test
  - House-Tree-Person Interrogation Form
  - Rorschach Psychodiagnostic Test
  - Sentence Completion
  - Thematic Apperception Test (TAT)
  - Minnesota Multifaceted Personality Inventory (MMPI)

- Values Inventories
  - Work Values Inventory
  - Work Environment Preference Schedule

- Neuropsychological Evaluations
- Patient Health Questionnaire
- Beck Depression Inventory
- Work Samples Tests
  - McCarron Dial Evaluation System
  - VALPAR
  - Micro-Tower

4.14 Transferable Skills Analysis
4.15 Situational Assessments

Supported by Vocational Rehabilitation Services of Canada
4.16 Testing levels (A, B, C)
4.17 Forensic testing
Domain 5 – Diversity and the Vocational Rehabilitation Professional

One of the major distinctions within all professions over the past number of years is the understanding of the diversity of our clients. This domain examines the various diverse groups (e.g. gender, cultural, racial, sexual orientation, etc.) and the implications for the vocational rehabilitation process.

A. Diversity and Legislation

5.1 Canadian Multiculturalism Act
5.2 Canadian Human Rights Act

B. Gender, Disability, Sexual Orientation and Aging

5.3 Gender impact on entering, maintaining or re-entering employment
5.4 Disability impact on entering, maintaining or re-entering employment
5.5 Sexual Orientation impact on entering, maintaining or re-entering employment
5.6 Aging impact on entering, maintaining or re-entering employment

C. Cultural Awareness

5.7 Developing awareness
5.8 Allowing cultural differences
5.9 Building friendships of mutual respect
5.10 Listening
5.11 Acquiring knowledge of other cultures
5.12 Full inclusion
5.13 Cultural assumption
5.14 Acculturation
5.15 Ethnicity
5.16 Prejudice
5.17 Stereotyping
5.18 Mores
5.19 Values
5.20 Bias
5.21 Explicit culture
5.22 Invisible culture
5.23 Ethnocentrism
5.24 Cultural Norms
5.25 Worldview
Domain 6 – Job Development and Placement

Assisting an individual with a disability into or back into the workforce, is one of the main goals of the Vocational Rehabilitation Professional and this Domain is at the heart of what many undertake on an ongoing basis. This Domain examines: understanding limitations/restrictions, understanding job demands, hidden job market, resume construction, interview skills, locating a job placement, job club, job coaching, co-worker model, monitoring, job development, etc.

A. Labour Market/Occupational

6.1 Labour Market Information

- National Occupation Classification (NOC)
  - Structure of the NOC
  - Career Handbook (Descriptors)
- Dictionary of Occupational Titles (DOT)
- Government of Canada – Job Bank
- Working in Canada
- The North American Industry Classification system

B. Vocational Planning

6.2 Developing a vocational rehabilitation plan

- Information gathering
- Return to work hierarchy
- Occupational exploration
- Vocational goals
- Job matching

6.3 Using the results from vocational assessment/evaluation

C. Placement Development

6.4 Job seeking skills
6.5 Stigma
6.6 Understanding client restrictions/limitations
6.7 Understanding job demands
6.8 Work hardening
6.9 Direct job placement
6.10 Supported employment
6.11 Sheltered workshop
6.12 Enclave model

Supported by Vocational Rehabilitation Services of Canada
6.13 Job coaching model
6.14 Co-worker model
6.15 Work trial
6.16 Job shaddowing
6.17 Training on the job (TOJ)
6.18 Job bundling
6.19 Social enterprise

D. Job Placement

6.20 Hidden job market
6.21 Cold calls
6.22 Employer negotiations
6.23 Job analysis/job matching
6.24 Monitoring
6.25 Documentation

E. Job Search

6.26 Resume construction
6.27 Interview skills
6.28 Job search techniques (e.g. cold calls)
6.29 Job club (Azrin)
Domain 7 – Case Management and Disability Management

Case management is a collaborative process which assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual's health, social care, educational and employment needs, using communication and available resources to promote quality cost-effective outcomes. Disability management (also referred to as return to work programs) can be defined as a pro-active, employer-based approach to: a) prevent and limit disability; b) provide early intervention for health and disability risk factors; and c) foster coordinated disability management administrative and rehabilitative strategies to promote cost effective restoration and return to work.

A. Case Management

7.1 Case management process

- Initial medical treatment
- Understanding client’s restrictions/limitations
- Understanding client’s job demands
- Referral to third party
- Return to work determination
- Documentation

B. Disability Management

7.2 Disability management models

- Traditional model
- Job matching model
- Managed care model
- Direct/total case management model
- Consensus based disability management model

7.3 Disability management process

- management commitment and supportive policies;
- education and involvement of employees;
- a coordinated team approach for effective claims management and job replacement;
- use of prevention strategies to avoid disability occurrence;
- early intervention and ongoing monitoring for health risks and disability cases;
- systematic procedures for effective use of health care and rehabilitation services;
- an organized return to work program with supportive policies and modified work options;
• use of incentives in benefit design, cost accounting and performance evaluation to encourage participation of employees, supervisors and managers;
• an integrated management system to monitor incidence, benefit use, services, costs and outcomes

7.4 Fear of re-injury
7.5 Return to work options

• Graduated return to work
• Job accommodation
• Permanent accommodation

7.6 Legal requirements

• Canadian Charter of Human Rights and Freedoms
• Canada Labour Code
• Duty to accommodate

7.7 Working with Unions

• Role of union
• Shop steward
• General Contract
• Arbitration
• Mediation
• Grievance process
• Alternative dispute resolution
Domain 8 – Ethical and Professional Conduct

A. Personal Well-being

8.1 Personal well-being and impact on ethical decision making
8.2 Burnout
8.3 Self-acceptance
8.4 Personal growth
8.5 Purpose in life
8.6 Environmental mastery
8.7 Autonomy
8.8 Positive relations with others

B. Factors Influencing Unethical Behaviour

8.9 Self-image
8.10 Personal biases
8.11 Euphemisms
8.12 Time pressure
8.13 Cognitive dissonance
8.14 Tired/hungry

C. Foundation of Ethical Conduct

8.15 Criteria for “professional”
  • Academic education
  • Importance of service provided
  • Professional degree
  • Professional association
  • Autonomy
  • Ethical code

8.16 Differences Code of Conduct and Code of Ethics
8.17 Personal versus professional morals/ethics
8.18 History of ethical thought
  • Socrates
  • Plato
  • Aristotle
  • Later Greek ethics
8.19 Ethics of Conduct

- Deontology
- Consequentialism
  - Utilitarianism
  - Hedonism

8.20 Ethics of Character

- Virtue ethics

D. Values

8.21 Autonomy
8.22 Nonmaleficence
8.23 Beneficence
8.24 Justice
8.25 Fidelity
8.26 Veracity

E. Ethical Decision Making

8.27 Define the parameters of the problem
8.28 Identify the ethical/legal issues
8.29 Consider personal biases, stresses or self-interest

- Confirmation bias
- Anchoring
- Halo effect
- Overconfidence bias
- Groupthink
- Cultural differences
8.30 Consult Code of Ethics
8.31 Generate possible courses of action
8.32 Consider potential consequence of all options & determine course of action
8.33 Evaluate the selected course of action
8.34 Implement the course of action
8.35 Act
8.36 Establish a plan to evaluate the results
8.37 Evaluate the organizational systems

F. Applying Ethical Practice

8.38 Informed consent
8.39 Boundaries
8.40 Multiple relations
8.41 Client confidentiality
8.42 Privileged information
8.43 Critiquing professional reports
8.44 Mandatory reporting
8.45 Submission of addendum report
8.46 Conflict of interest
Domain 9 – Communication and Record Keeping

<table>
<thead>
<tr>
<th>Dom 3</th>
<th>Dom 9</th>
<th>Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.28</td>
<td>9.1</td>
<td>Promoting active participation</td>
</tr>
<tr>
<td>3.29</td>
<td>9.2</td>
<td>Group leadership</td>
</tr>
<tr>
<td>3.30</td>
<td>9.3</td>
<td>Preparation</td>
</tr>
<tr>
<td>3.31</td>
<td>9.4</td>
<td>Understanding the material</td>
</tr>
<tr>
<td>3.32</td>
<td>9.5</td>
<td>Knowing the audience</td>
</tr>
<tr>
<td>3.33</td>
<td>9.6</td>
<td>Drafting the speech</td>
</tr>
<tr>
<td>3.34</td>
<td>9.7</td>
<td>Using visual aids</td>
</tr>
<tr>
<td>3.35</td>
<td>9.8</td>
<td>File documentation</td>
</tr>
<tr>
<td>3.36</td>
<td>9.9</td>
<td>Meeting documentation</td>
</tr>
<tr>
<td>3.37</td>
<td>9.1</td>
<td>Content</td>
</tr>
<tr>
<td>3.38</td>
<td>9.11</td>
<td>Confidentiality</td>
</tr>
<tr>
<td>3.39</td>
<td>9.12</td>
<td>Report writing for court</td>
</tr>
<tr>
<td>3.40</td>
<td>9.13</td>
<td>File security</td>
</tr>
<tr>
<td>3.41</td>
<td>9.14</td>
<td>Release of information</td>
</tr>
<tr>
<td>3.42</td>
<td>9.15</td>
<td>Destruction of files</td>
</tr>
<tr>
<td>3.43</td>
<td>9.16</td>
<td>Word Processor</td>
</tr>
<tr>
<td>3.44</td>
<td>9.17</td>
<td>Spread Sheet</td>
</tr>
<tr>
<td>3.45</td>
<td>9.18</td>
<td>Presentation software</td>
</tr>
<tr>
<td>3.46</td>
<td>9.19</td>
<td>Data base software</td>
</tr>
</tbody>
</table>

A. Communication
9.1 Promoting active participation
9.2 Group leadership

- Stage 1 – Forming/Orientation
- Stage 2 – Storming/Dissatisfaction
- Stage 3 – Norming/Resolution
- Stage 4 – Performing/Production
- Stage 5 – Adjourning

B. Presenting to Groups
9.3 Preparation
9.4 Understanding the material
9.5 Knowing the audience
9.6 Drafting the speech
9.7 Using visual aids
C. Documentation

9.8 File documentation

- Reason for referral
- Professional disclosure/informed consent
- Signed consent to release information
- Initial vocational assessment
- Correspondence
- Regulatory orders (if available)
- Written evaluation
- Vocational assessment/testing results
- Written agreements (e.g. training on the job)
- Medical/psychological reports
- Other interventions
- Written closure report

9.9 Meeting documentation

D. Report Writing

9.10 Content
9.11 Confidentiality
9.12 Report writing for court

E. Security

9.13 File security

- Document security
- Electronic security
  - Passwords
  - Transporting electronic devices
  - Sending/receiving electronic documents

9.14 Release of information
9.15 Destruction of files

F. Use of Computer Technology

9.16 Word Processor
9.17 Spread Sheet
9.18 Presentation software
9.19 Data base software