

Change as a Constant in Rehabilitation Counselling

Welcome to this special feature issue of the Journal. During 1999, two important Conferences for rehabilitation practitioners took place in Australia and New Zealand. The occurrence of both these conferences in the one year provided an opportunity for practitioners and academics alike to discuss emerging issues in the field and compare and contrast a range of rehabilitation solutions. Many rehabilitation counsellor practitioners took the opportunity to attend one or both of these conferences, but equally many were unable to do so. All of the papers presented were informative and value adding to the profession and a significant number were undoubtedly controversial. The articles published in this issue cover a selection of theoretical and professional models that were raised at these conferences. None of the papers are in their original formats and all authors were requested by the Editor to revise their original submissions in order to address the priority concerns of this Journal's readership. Seven articles, with their original messages deriving from one of the two conferences, are included in this issue. There are an additional two articles (Walker and Miller et al.) which are not sourced from the Conferences but provide additional support to the theme of this edition.

In the last issue, an augmentation of Don Mackenzie's keynote address to the New Zealand Rehabilitation Association Biennial Conference was published (pp. 47–53). I described this paper as providing a global vision and a humanistic context that focuses firmly on the individual consumer as the core of any rehabilitation service. In the lead article to this issue, Paul Leung in an elaboration of his keynote address to the ASORC 4th National Conference, provides a confirmation of Mackenzie's view and extends this to elaborate on a suggested new paradigm with a central core of the needs of the individual. There follows a further call, with detailed suggestions, for rehabilitation counsellors to work flexibly, creatively, and in harmony with naturally occurring systems to take advantage of the synergies of such an approach.

The two measurement-in-rehabilitation articles (Dickson and Taylor & McPherson) provide an interesting counterpoint to two models of measures that are often at odds in the literature, namely measures concerned with quantifying impairment, and measures that are concerned with quality of life. Hugh Dickson provides an insightful analysis of several of the more commonly used impairment measures and in doing so, points clearly to the difficulty in trying to develop a scale that will be weighted fairly and would be applicable to the whole population. Clearly there are pesky individuals who continue to run counter to the herd! Dickson's erudite overview of this important range of measures is quite valuable and he suggests several ways in which such scales can be usefully employed. Quality of Life measures are often perceived as outcome measures and are generally designed to gain insight into the effectiveness of one rehabilitation process or another. Bill Taylor and Kathryn McPherson examine carefully the methodological integrity of scales of this type. The authors suggest that debate and praxis in this area is nowhere near

complete yet there is an ongoing pressure from funders and service users to demonstrate the effectiveness of the services purchased. Ongoing research is strongly indicated to understand the strengths and weaknesses of these types of measures. Please also note the additional useful information in a bibliography to Taylor and McPherson's article.

Rehabilitation as a profession and a process, has long sought a unifying theory. We are probably no closer to this idea now than two decades ago and the reasons for this have been debated at length. Nonetheless the search for conceptual underpinning of well-understood practice rightly continues. Antoinette McCallin's article provides an interpretive possibility of enhanced teamwork (and hence enhanced rehabilitation outcomes) using Glaser's emergent approach to grounded theory. In the article's discussion section, McCallin provides detailed comment on a number of behavioural changes and interprets them under grounded theory with illuminating results. The applicability of this original research (in acute care wards) to the rehabilitation environment would appear to be a useful construct.

With multiculturalism an official policy of the Australian government and with an increasing population of Australian residents from non-English speaking countries, the implication for professional practice is obvious. Roger Van der Veen overviews Australia's changing demographic and suggests a number of cross-cultural skills that may be advantageous to rehabilitation counsellors. As a practising cross-cultural professional, Van der Veen provides useful practical advice and in particular suggests several structural modifications which could benefit the training and education of rehabilitation counsellors and professional practice in ASORC.

The following two articles by Tracey Todd and Rose Lenertz detail some exciting and emerging occupational options for rehabilitation counsellors. The field of life coach in particular is a strongly emerging one in which the facilitation of the coach can take many forms but in general seeks to challenge the individual to set, maintain, and achieve valued goals. Many of the skills employed in this role are not unfamiliar to those held by accredited rehabilitation counsellors and this link is further detailed in Todd's article. The short case study provided adds further clarification to the roles. The human resource field, Lenertz argues, is also a field of high relevance and crossover skills to rehabilitation counselling. Both authors suggest that the skills gained in rehabilitation counselling are widely valued and transferable. This does open up collaborative possibilities where we may see counsellors in the future employed across a spectrum of need, yet well capable of undertaking their primary tasks in rehabilitation.

Congratulations to Tanya Walker who is the Journal's Student Manuscript winner for 1999. Her article extensively reviews the development of rehabilitation in Australia and adds to the well-documented material to date. This article will provide a valuable link for recent entrants into the profession of rehabilitation counselling in Australia and a timely reminder to those longer in the profession of the growth and durability of rehabilitation counselling.

The final article by Michelle Miller and her colleagues is a study on physician use by older adults. In particular the authors examined the patient characteristics and behaviours that may effect health care utilisation. This type of information is extremely important to health professionals particularly those operating in an environment of increased life expectancy and a population shift to the elderly. It will become increasingly important to plan and deliver health and related services (and

train the providers) with an ageing population in mind. The more that is understood about the real needs of such populations the better the chance we have of meeting them. Although this research addresses physician use in particular, the results should not be lost on other professionals such as rehabilitation counsellors. This area is not yet a specialisation in the profession, but should become so quickly as the need is evident and imminent.

This issue is somewhat larger than usual and hopefully provides a balanced overview of some emerging issues in rehabilitation as articulated at two recent and important gatherings of rehabilitation professionals in Australia and New Zealand. The next issue will revert to its more usual format.

Herbert C. Biggs PhD

Editor