Editorial

Leadership in Rehabilitation

There have been a series of initiatives in the Unites States over the last two years to identify several issues in rehabilitation delivery that are imperatives for early solutions. Commencing in Montana in 1998, there have been three meetings of rehabilitation experts collectively labelled the National Rehabilitation Leadership Resource. The most recent meeting of this focus group was in Santa Cruz, California in September 1999. Many readers of this Journal will have followed keenly the outcomes of the Montana Think Tank which was an outgrowth of a special issue on rehabilitation leadership development of the Journal of Rehabilitation Administration (21.4, November 1997), and the Proceedings for the Symposium on Rehabilitation Leadership Development which was conducted on the internet during December 1997 and January 1998.

The overall goal of all three Think Tanks was the implementation of a unified national plan or system for the development of rehabilitation leaders. The most recent caucus in California had at its objective the refinement of the National Rehabilitation Leadership Resource Plan, and set itself the task of identifying the desired outcomes for the development of rehabilitation leaders by September 2000.

In concert with identification and development of core competencies in practitioner skills, the California meeting has formulated a set of core competencies in rehabilitation leadership. These critical leadership competencies are posited as:

1. Inspires and influences others to follow
2. Creates vision and sets directions
3. Focuses on "what might be"
4. Thinks strategically, has insight, and has long term vision
5. Acts decisively
6. Creates an environment that encourages the organisational vision
7. Leads by "best practice"
8. Builds and develops a competent, diverse, and empowered organisation
9. Models the principles and ethics of the profession
10. Possesses and exhibits self-knowledge, responsibility and emotional maturity

Although it is not suggested that these are the full set of competencies, there is ample evidence to suggest they are individually and severally important, and thus represent a solid start for further investigation. This is a very positive and important initiative that allows work to commence on curriculum development in socially and culturally appropriate environments.

Much of the drive to formulate and agree on a model of leadership development in the Unites States is an issue of succession. Many of the eminent rehabilitation academics and practitioners involved in the burgeoning development of the rehabilitation counselling profession in the late 50's and 60's are approaching retirement or have done so. This is not yet the situation in Australia, but we would be wise to adopt a proactive approach to issues of succession as well and look very closely at mentoring processes, leadership development, and knowledge transactions across the profession. It would not be unhelpful to ensure a focus on leadership develop-

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ment at an early scheduled international or national conference in the Australian region, as it will clearly be an increasingly important consideration.

This issue contains a series of articles which should be of great interest. In the first article Roy Brown examines some defining features and principles of a quality of life model based on the literature on disability. He suggests that many features of such a model require examination and changes to some of our approaches to rehabilitation, and professional values. He further argues that the concept has serious implications for research, and opens up new methodological pathways. He concludes that quality of life as formulated in the paper has implications beyond disability and its acceptance challenges policy and management practices as viewed within an economic rationalist framework.

Ross Crisp follows topically with a discussion of the potential limitations, and barriers to acceptance, of qualitative research methodologies. His paper seeks to encourage rehabilitation counsellors to gain insight into the different perspectives of persons with disabilities, develop their clinical or knowledge base, and be self-reflexive in their interaction with clients.

Kon Kamateros provides a study of the efforts of rehabilitation counsellors to try and engage reluctant clients, the behaviour such clients exhibit, whether counsellors discuss the reluctance and the mandatory nature of participating in rehabilitation with their clients, and how counsellors choose to respond to reluctance. His findings do suggest that reluctance was most often a result of clients' emotional adjustment difficulties, and that the most difficult clients to engage were those who were passively disengaged rather than those who were initially angry or hostile.

Peter Stebbins, Ken Pakenham, and Paul Leung examine the provision of care to a relative with a traumatic brain injury (TBI). In particular they examine the impact of caregiver cognitions, notably, irrational beliefs, as a potential factor in poor adjustment which has received little, if any, attention in the TBI caregiving literature. They provide a review of predictors of TBI caregiver adjustment and a discussion of the cognitive model and the impact of irrational beliefs on adjustment.

The final article, by Judy Pickard and Frank Deane, examines a Volunteer program which in line with others, has been used to alter attitudes, provide long-term knowledge towards mental illness and increase the quality of life of consumers receiving volunteer services. The results suggest that completion of a described training program enabled volunteers to maintain their knowledge of mental illness over 6 months with significant increases in their comfort in interactions with people who have mental illness. Case managers, consumers and volunteers all reported high levels of satisfaction with the program but among consumers there were no significant changes in behavioural functioning or quality of life over 4 months of receiving volunteer support. Implications for these findings are discussed.

Finally, rehabilitation is often seen as an activity following an injury. Unquestionably, this is a vital function, but often not enough focus is given to rehabilitation type activities that attend events involving excellence in physical activity. The first Olympic games of the new Millennium is rapidly approaching. This Editor, and undoubtedly its readers, extends a warm welcome to all competitors and their allied health colleagues, who will be in Sydney in September 2000 for the Olympic and Para-Olympic Games. Welcome to our country, enjoy our hospitality, and may the games begin!

Herbert C. Biggs PhD, *Editor*

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