Career Laddering: a Canadian Approach to Education in Community Rehabilitation and Disability Studies

Nancy Marlett 1Aldred Neufeldt, E Anne Hughson, Susan Cran, Shelley Kinash, Beth Parrott, and Susan Foster -Wilcox.

Abstract: This article introduces a Canadian alternative to Professional Education in Rehabilitation that reflects Canadian history, the contingencies of Canadian social policy and professional accreditation. As an introduction to Canadian Experience, it contributes to a discussion about the potential for educational programs at the diploma, bachelors, masters and specialist levels. It highlights the particular experience at the University of Calgary while introducing other educational initiatives. Curriculum, the educational milieu, recruitment and course delivery are discussed within the various rungs of the career ladder. It is suggested that educational continua gain from the synergy of practice, education and research.

Introduction

This article explores Canadian experience in community rehabilitation education within a professional career laddered model. Community rehabilitation, for this paper, is defined within the context of a multidisciplinary profession that provides short term planning, interventions and ongoing support to persons marginalized by disabling conditions, chronic and mental health conditions, and/or disadvantages associated with social, economic, or lifestyle factors (Marlett, Kinash, Ondrus, & Wiebe, 1998). The majority of practitioners work toward community inclusion and consumer empowerment through customized services that are accountable to the consumer. As a broad based profession, Community Rehabilitation includes, but is not limited to, such career classifications as ‘rehabilitation counseling, (Leahy, Chan & Magrega, 1997), ‘vocational rehabilitation and employment specialists’ (Marlett, Day 1984), ‘vocational evaluators’, ‘community support specialists’, and ‘case managers’. As well, it might be noted that community rehabilitation is distinguished from acute care rehabilitation as defined by the scope of practice of physiotherapists, occupational therapists, nurses and physicians working in health care settings (Chubon, 1992)

Concerted attention to personnel preparation in the disability field in Canada is scarcely more than 30 years old. In the past few years there has been a renewed interest in accreditation of programs and registration of professionals because of a number of current trends.

• Communitization of Health and Social Services has generated a need to ensure accountability to clients, families, communities, funders, and insurance companies.

1 Nancy Marlett is the director of the Community Rehabilitation and Disabilities Studies unit at the University of Calgary in Alberta Canada. Readers are invited to visit the Website at http://rehab@educ.ucalgary.ca for full description of the authors and details of the program. Mail can be sent to Community Rehabilitation and disability studies, Education Tower, University of Calgary, 2500 University Drive, Calgary Alberta Canada, T2N 1N4
• Health Professions Acts in all provinces are moving to registration of professions providing services. This medicalization of professions has often left rehabilitation and community support services sidelined.
• Increased mobility within the fields of community rehabilitation and between private, public and voluntary sectors
• Increased number of private service providers who need certification/registration to compete for contracts
• The fields of study associated with Community Rehabilitation have developed to the stage where an interdisciplinary professional identity is supported by a growing body of research. (e.g., McColl & Paterson, 1997; Livneh, 1995; Leahy, Chan & Magrega, 1997)
• Increased ‘north-south’ mobility of human service professionals as allowed for under NAFTA has prompted Canadians to reflect on our professional models of care, education and licensure.

Within this changing climate, Canadian experience suggests that accreditation of programs and registration of professionals within Canada needs to respond to our specific professional culture.
• All levels of training are valued
• Recognizes the many disciplines that contribute to practice
• Recognizes short term and ongoing needs of clients
• Accountability to consumer (e.g., Lysack, 1996; Parent, 1996; Curtis, 1998; Balcazar, Keys, Kaplan & Suarez-Balcazar, 1998)
• All ages and conditions of clients (Lysack, 1996)
• Focus is on community inclusion and return to socially valued roles (Osburn, 1998)

Historical Background

Two important initiatives began in the 1970’s, that are coming together as the millennium approaches: the development of a professional association; and, the beginnings of a career ladder approach to education in the community rehabilitation and disability field.

Growth of the Canadian Association of Rehabilitation Professionals
The Canadian Association of Rehabilitation Professionals (CARP) was first incorporated as a non-profit association of those working in the area of vocational rehabilitation. The impetus for the profession emerged from the early experiences within The Jewish Vocational Services for the chronically mentally ill and, in particular, the pioneering work of Hy Day (1992). Others involved came from the sheltered workshop initiative, long term disability insurance and Workers Compensation Boards. As the only national professional association speaking on behalf of an expanding human service sector related to persons with disabling conditions the membership attracted workers from many related fields.

Professional identity was slow to evolve because of this diversity (Rogan & Murphy, 1991; Marrone, Hoff & Gold, 1999; Thomas, 1999) and the profession has not had the benefit of an established professional education foundation that reflected the expectations of US counterparts.
Today, the CARP vision statement reflects their broad mandate in that it is “committed to fostering and developing a member driven organization and becoming a national leader in the promotion and development of rehabilitation services” (CARP mission adopted 1999). CARP has embraced the diversity of Canadian practice and is now an association of shared vision but specialist approaches. It has joined forces with the Canadian Association of Vocational Evaluation and Work Adjustment and is looking to fostering other specialist societies related to Vocational Rehabilitation and Employment, Case Management, Community Support. In the future CARP’s role may become one of fostering and supporting professional specializations that share the vision of a National unified voice.

**Professional Education Development in the Community Rehabilitation and Disability Field**

Prior to the 1970’s, traditional discipline-based models predominated in Canadian rehabilitation services, as has been the case in all western countries. The most powerful of these was the medical profession, though other disciplines also played a role (e.g. psychology, social work, nursing, physiotherapy, and so on). This model has a number of well-known characteristics that did not lend themselves well to working with people with disabilities required long-term intervention and support. To address disability and rehabilitation issues, adherents to this disciplinary model either seek to infuse relevant knowledge into given disciplines, or develop sub-specializations. Neufeldt (1978, 1992) suggests that neither has worked very well in practice because disciplines tend to categorize disability-related work as a specialized area, often deemed less desirable than work with mainstream populations. Disciplinary-based educational programs contributed to the continuing shortage of knowledgeable personnel to work in those types of human service most used by people with disabilities – personal support, home life, employment support.

George Albee (1968) described this disciplinary approach to personnel preparation as a manpower cul-de-sac:

> We are in a manpower cul-de-sac because of the conceptual model we use. The development of alternative models could lead to new manpower solutions because they would allow for new institutional solutions requiring manpower more easily recruited and trained (p.317).

A significant shift in discipline based training arose out of a joint Canada-United States seminar in Banff, Alberta in 1969. Co-sponsored by the President’s Committee on Mental Retardation and Canada’s National Institute on Mental Retardation (now the Roeher Institute), this seminar devised an alternate strategy which:

- postulated that the central personnel problem was not of ‘experts’, but of trained front-line personnel requiring, at most, a community college diploma or bachelor’s degree (it was estimated that 70 to 80% of personnel required 1 to 2 years training, with only 20 to 30% education at bachelor’s or graduate degree levels);
- proposed a functional and modular approach to curriculum and education;  
- identified a ‘career ladder’ so that students might take community college training and carry credit forward to university programs, and envisioned university programs...
that would allow for specialization in disability from the bachelor’s through doctoral degrees.

This strategy was adopted to a substantial degree within Canada, particularly at the community college level, and came to be known as the ‘National Mental Retardation Manpower Model’ (National Institute on Mental Retardation, 1971; Neufeldt, 1978; 1992. The significance of the “career ladder” concept was that students could gain an initial level of training, enter the labor force, and subsequently re-enter training – an option usually not open in traditional disciplinary programs which relied on having all training completed before entering the labor force.

Development of the National Mental Retardation Manpower Model proved timely. In Canada the final constitutional responsibility for policy formulation on education, health and social services rests with provincial governments (rather than the federal government as in the USA), meaning that each province separately needed to adopt the model in full or part. By the mid 1970’s 7 of 10 provinces in Canada had adopted some components of the Manpower strategy and by the late 1980’s the number of community college graduates with backgrounds in developmental disabilities exceeded ten thousand.

The province of Alberta for example established a provincial task force and developed the curriculum basis for all community colleges (Marlett, 1976, 1977,1981) and in 1979 funded a bachelor’s and graduate degree specialization in rehabilitation studies through the Department of Educational Psychology at the University of Calgary. The career ladder in community rehabilitation was a pioneer in implementing seamless transfer of credits between colleges and university and creating graduate degree programs of study.

A different approach also was undertaken in Ontario, beginning in the mid-1980s, where York University and Seneca College combined the academic strengths of university and the employment preparation of colleges to create a Canadian model of collaboration wherein students took both a bachelor’s degree in Psychology and a diploma in Rehabilitation related to rehabilitation counseling.

In their early stages, neither of these satisfactorily addressed the educational needs of the broad array of community rehabilitation professionals in Canada. Because University of Calgary had its beginnings in the developmental disability field, it was perceived to be too narrow in scope. The University of Calgary embraced a cross-disability focus because of it’s early affiliation with the Independent Living Movement and since the 1990s has taken conscious steps to respond to the needs of the many fields of practice that require community rehabilitation education.

York University, criticized early because it did not include graduate opportunities, is developing a Master’s degree in rehabilitation counseling using a CORE model. The University of British Columbia is attempting to re activate their earlier plans for a masters degree in rehabilitation counselling. Two other programs focussing on disability studies currently are in their late development stages – one at the University of Manitoba (Master’s degree) and one at Ryerson University (Bachelor’s degree level).
The Current University of Calgary Program

Today the University of Calgary offers on campus and distance degree programs in Community Rehabilitation and Disabilities studies (CRDS) in collaboration with colleges and universities across Canada. Students enter the program in year three: after 2 years of college or university training.

Major changes were made to the program beginning in 1995 on receipt of an Access Grant from the Province of Alberta to explore the potential of a collaborative education approach to a ‘Campus Alberta’ which dispersed the Bachelors of Community Rehabilitation (BCR) program throughout the province (Marlett, Hughson, Neufeldt, Rankin, Prior, & Wiebe, 1996). To date 10 ‘Communities of Learners’ (COL) having completed their BCR courses. Each COL consists of 18-30 students, local post secondary institutions, the University of Calgary and local mentors. The Access Grant along with other development funding has lead to a new distance delivery educational model that has been extended to Communities of Learners in British Columbia and Manitoba. There is reason to believe that, within the next 3 years, students will be part of a ‘Campus Canada’ wherein students will be able to take courses through the internet, local post secondary institutions and through condensed specialized courses offered by the U of C to achieve a collaborative BCR.

The graduate degrees too have evolved from a campus-based Master’s and Doctorates in Rehabilitation Counseling through Educational Psychology. Beginning in 1997 a pilot project was undertaken to add a distance interdisciplinary Masters degree through the Graduate Division of Educational Research. This program of study was designed for working professionals with a minimum of 3 years experience and was offered to small regional cohorts in Ontario, Alberta and British Columbia. An interdisciplinary Doctoral degree also is available, though only on-campus at present.

In addition to degree programs, the CRDS also offers specializations that provide a bridge between bachelor and master degree programs. These specializations consist of 4-8 graduate level courses developed in conjunction with a specific field of practice to meet their needs for certification. These can be used to meet certification requirements and/or be used as the specialization component of the distance masters degree. Specializations in ‘Vocational Evaluation’, ‘Vocational Rehabilitation and Employment’, ‘Inclusive Education’ and ‘Community Support” have been or are being developed with the involvement of the industry sector.

Career Ladder in Canadian Rehabilitation

A review of community rehabilitation manpower was conducted by the Alberta Association of Rehabilitation Centers in conjunction with the federal Department of Human Resources Development in 1996 (Alberta Association of Rehabilitation Center, 1999) and demonstrates the different levels of qualification in the field. This study targeted employment related personnel including those who provide support and intervention on an ongoing basis, those who design and monitor services and supports, those who provide the resources and those who provide clinical support. Approximately 12,000 people were employed in community rehabilitation in Alberta, a
province with a population under 2 million. The field is expanding at a rate of about 15% per year.

A more recent survey conducted in the spring of 1999 showed that turnover rates from region to region in Alberta are now averaging 30% to 40%. In this survey employers reported that 46.5% of ‘new hires’ during the past year were less qualified than the person replaced because of budget restraints. It also was estimated that about half of the staff included in these turnover statistics will return to a community rehabilitation position. Based on rates of expansion and turnover, it is estimated that community rehabilitation in Alberta requires over 3,000 new staff members every year. The majority of these positions require college level education, with a smaller number required at the bachelor’s level and still fewer at the masters level.

Thus the field is large and characterized by a great deal of movement, particularly at the entry level. A career ladder that creates upward momentum and enables workers to see some potential for growth and professional development continues to be highly desirable. Table 1 demonstrates the career ladder that exists to serve this sector in the province of Alberta.

<table>
<thead>
<tr>
<th>Canadian College Diploma Programs</th>
<th>Colleges can apply for approved admission status to year three of a four year BCR. Diplomas can also be assessed on an individual basis. College Programs provide prior learning assessments for on the job training and experience</th>
</tr>
</thead>
</table>
| Bachelor in Community Rehabilitation (BCR) | On campus full time program, two years after diploma or degree  
Communities of Learners cohorts for experienced professionals who plan their degrees with the University of Calgary and other universities and colleges  
Workplace alternative model integrates work experience; internships and course work in five-month theme blocks |
| Graduate Professional Certificates & Diplomas | Diplomas enable focussed study in areas such as vocational rehabilitation, case management, clinical and counseling support and social policy |
| Graduate Degrees (course based and thesis Master and Ph.D.) | Interdisciplinary distance degrees for experienced professionals preparing for leadership positions in their specialization  
Degrees for rehabilitation psychologists and counselors  
Collaborative degrees with other faculties and universities |
Table 1: Career Ladder of Community Rehabilitation

College Level Training

Canadian community colleges generally operate independently of universities and are mandated to provide employment-related education. The majority of entry level and upgrading education occurs at colleges. In the field of rehabilitation, the majority of trained workers, if educated at all, would be at the college level. There are approximately 300 college certificate and diploma programs across Canada that are related to providing community based supports to persons with disabling conditions, chronic health, mental health and addictions. The option for transfer from colleges to universities has become increasingly available in the past 5 years although it is just as common for those with first degrees to enroll in a college program to attain professional qualification.

The survey done in 1996 indicates that persons with college diplomas or certificates could fill 80% of the positions in rehabilitation (AARC, 1999). Eighteen percent of CARP members list themselves as having a college diploma, and this is likely to increase, as diploma programs become recognized by CARP for registration.

Graduates from these programs provide the majority of direct intervention and care for persons with stable conditions. In many situations they supervise other staff, provide case coordination and manage services. It is anticipated that individuals with supervised experience and an approved college diploma will soon be able to apply to become a registered rehabilitation professional (RRP) through CARP. This will provide an essential professional incentive to those providing direct services and will bring rehabilitation in line with nursing, social work, and rehabilitation therapies that have diploma levels within their professions.

Bachelor’s Degrees

The Bachelor level qualification is the Canadian professional foundation in nursing, social work, medical rehabilitation, education, and law. In surveying professional education in Canada, no profession was without a bachelor level educational qualification. According to the 1996 survey, 54% of CARP membership have bachelor’s degree qualification, be it in nursing, social work, education, psychology or other fields.

As noted above, the University of Calgary has been the only degree granting university offering bachelor degrees in rehabilitation. The University of Victoria has had a bachelor degree in Child and Youth Care that provides college transfer and shares many objectives and practices in common with disability studies. Ryerson University in Toronto is set to commence a similar degree in Disability Studies, with transfer from Ontario colleges. In addition there would appear to be 6 universities offering substantial course work in the area of rehabilitation and disability.

We anticipate that community rehabilitation may be the first Canadian example of a virtual, Canada wide campus, with students studying at local universities, taking courses on the Internet and attending condensed courses regionally. Distance degree programs have proven to be highly
efficient, responsive to local diversity, and rigorous academically. Students graduating from this new form of education seem to have learned not only from the content of the courses but from the educational model as well. They have been empowered by taking responsibility for their own education, they have learned about technology as culture and community, and they have learned with other disciplines.

Graduates with a bachelor’s degree tend to provide case management services, supervise staff in direct service positions, and manage services. Many graduates from the distance BCR start their own businesses offering specialized services.

In the next year we hope to work with universities in the United States, Australia, and England to develop a registry of bachelor degree programs meeting criteria related to academic content, practice excellence and partnership in to Disability and Rehabilitation studies.

Graduates of bachelor’s degree programs can apply to become a Registered Rehabilitation Professional and may also write their Canadian Certification for Rehabilitation Counseling exam. Bachelor’s degree holders specializing in vocational evaluation are eligible to become certified vocational evaluator.

**Graduate certificates and diplomas**

While the U of C has offered graduate diploma programs for some time, new developments have made it possible to create credentials that can be used in conjunction with graduate degree programs. This provides an essential rung on the career ladder for professional continuing education and enables industry sectors to work in collaboration with the university to respond to specific market needs. One such example are courses in vocational evaluation developed with the Canadian Association of Vocational Evaluation and Work Adjustment (CAVEWA). Using the CCWAVES certification requirements a series of five courses were developed to meet the content requirements of the field. These courses are: Work Based Evaluation strategies, Vocational Psychometrics, Work Accommodations and Adjustment, Career Development and Disability, and a Case Study/Professional profile.

Similar post degree offerings exist or are being developed in Case Management (University of Toronto, McMaster University and University of Manitoba), Workers Compensation (Dalhousie) and in Rehabilitation Counseling (University of Calgary in conjunction with the three other universities of Alberta). We hope to extend credit to these specializations within the U of C masters degree and to encourage U of C students to join with students in other programs to gain specialized knowledge.

**Master’s degrees**

While the master’s qualification is firmly entrenched within the US system, rehabilitation personnel with Masters degrees in Canada are very rare indeed. In the 1996 CARP survey, only 2% of CARP members had a masters degree in Rehabilitation (and most of these hold US credentials) whereas another 17% had masters degrees in related areas.
In the past 20 years, The University of Calgary has graduated close to 100 graduates with Masters and Ph.D. degrees in Rehabilitation Counseling and Rehabilitation Psychology. The University of Ottawa has offered some courses in Rehabilitation Psychology at a graduate level.

The University of Calgary distance degree is able to serve cohorts across Canada because university faculty and senior practitioners in the various regions are recruited as adjunct professors to the U of C program. They are then eligible to supervise graduate students and teach within the program. We hope to connect the hidden pockets of expertise, bringing students and experts together and specialization’s and providing network of faculty interested in common research/teaching initiatives. A yearly conference highlights the diverse research of adjuncts and students. As an emerging field, it is imperative that networks of scholars be prepared to create the research base, to write social policy and to be the innovators.

Graduates with Masters degrees would provide specialized professional counseling and assessment, work in social policy areas, teach at the college level, provide research, evaluation and consultation skills to the field at large. Discussions with CORE will commence as the ongoing program is finalized.

**Doctoral degrees**
Canadian doctorates traditionally have emphasized research as reflected by Ph.D. degrees, although professional doctorate degrees are becoming more common in those fields that demand either advanced professional accreditation such as psychology and social work.

The University of Calgary has been offering Ph.D. programs in Community Rehabilitation through the Department of Educational Psychology (now, Applied Psychology) for 20 years and has contributed to the academic and research community as well as to the field. Entry into this route currently requires a prior degree in psychology, and assumes graduates may have an interest in being credentialled as a rehabilitation psychologist. With development of the interdisciplinary CRDS program through the Division of Educational Research, we also opened a second route of entry at the doctoral level for students with prior master’s degrees in areas other than psychology.

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**Pedagogical Foundations of Career Laddering.**

This section will introduce the reader to the curricular principles and practices that underlie a career ladder and will present some of the outcomes of teaching within a laddered approach. The following table outlines how a career ladder works from a curriculum standpoint. A few course domains are presented to demonstrate the concrete, practice base of college education, the interdisciplinary nature of the bachelor’s degree and the critical, research base of graduate training.

<table>
<thead>
<tr>
<th>Content area</th>
<th>College level</th>
<th>Bachelors level</th>
<th>Graduate level</th>
</tr>
</thead>
<tbody>
<tr>
<td>History and</td>
<td>Familiarity with historical</td>
<td>Knowledge of Rehabilitation</td>
<td>Critical, historical analysis of</td>
</tr>
<tr>
<td>Systems</td>
<td>perspective of major systems and policies pertinent to field of study</td>
<td>systems in relation to other related systems.</td>
<td>policy and seminal literature related to the field.</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Disabling Conditions</td>
<td>Study of disabling conditions, identification, etiology, symptomatology, associated conditions and considerations</td>
<td>Study of physiology and exploration of the underlying mechanisms associated with dysfunction. How this impacts community programming and how to involve the individual in knowing about their own condition.</td>
<td>Social construction of specific conditions and how the medical voice is represented in the public and professional treatment of the condition. Historical study of conditions within a social/political context</td>
</tr>
<tr>
<td>Career Development</td>
<td>Knowledge of employment and vocational rehabilitation options. Supervised practice in employment support and vocational rehabilitation programs.</td>
<td>Theories related to adult transition and career development, market analysis and career planning</td>
<td>Critical evaluation of various career planning approaches, research bases</td>
</tr>
<tr>
<td>Case Management</td>
<td>Competence and knowledge of assessment, case planning and interventions commonly used as part of individual program planning.</td>
<td>Review of the role of the client within case management and means to involve the person more directly. Mentored experience with case managers from different systems.</td>
<td>Study of the underlying issues related to case management as they relate to interprofessional, social policy and clients role use a personal case as base of discussion.</td>
</tr>
<tr>
<td>Clinical Practice</td>
<td>Listening and intervention skills in one to one and group situations.</td>
<td>Psychosocial basis of emotional problems, a person in environment model addressing depression, crisis management, addictions</td>
<td>Personal practice framework based on evaluation of clinical experience and review of theoretical foundations of clinical practice.</td>
</tr>
</tbody>
</table>

Table 2: Examples of pedagogical laddering in curriculum related to community rehabilitation studies

These process enables students to systematically deepen and enrich their understanding within conceptual stands. At each step, practice and theory interact at a new level. At each level of training, the strands are augmented by courses specific to that level of training.

The following presents some of the features that help to distinguish the educational experience at each of the levels.

College programs in community rehabilitation have developed a common set of competencies that relate to any discipline working with disabled persons in community practice. This competency grid is being used to evaluate and recognize diploma programs across Canada. Approved programs will be entered on a registry of Canadian College programs in Rehabilitation at the CARP website and will be used by bachelor’s programs to determine eligibility. The following table outlines expected college competencies. Notice the heavy emphasis on supervised practice and intervention skills.

<table>
<thead>
<tr>
<th>Title</th>
<th>Units*</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values History and Issues Related to Human Services</td>
<td>1</td>
<td>Service provision changes, current issues and trends are considered from historical, theoretical and applied viewpoints. Includes ethics, client rights and professional responsibility.</td>
</tr>
<tr>
<td>Current Range of Human Services Options</td>
<td>1</td>
<td>Operation, evaluation and policy and procedures with facility based, community based, consumer led options.</td>
</tr>
<tr>
<td>Disabling Conditions</td>
<td>1</td>
<td>Causes (genetic/medical/social), incidence rates, prevention, amelioration and adaptive devices. Impacts and responses to the disability by affected individuals, their families and social groups.</td>
</tr>
<tr>
<td>Career Training; e.g., employment, family and community support</td>
<td>3</td>
<td>Best practices in assessment, intervention, community support, case management, social supports, resource and information management and advocacy.</td>
</tr>
<tr>
<td>Supervised Practica</td>
<td>4</td>
<td>Supervised application of theory in a variety of settings with integration seminars, group discussions and instructor/student conferences.</td>
</tr>
<tr>
<td>Life Span Studies</td>
<td>1</td>
<td>Age-specific theories about the impact of environment on physical, social and emotional growth as variables in programme planning.</td>
</tr>
<tr>
<td>Communication/ Helping/ Interviewing Skills</td>
<td>2</td>
<td>Theory and practice of interpersonal skills in interviewing and effective counselling in a sequence from self awareness to interpersonal competence to effective helping.</td>
</tr>
<tr>
<td>Introduction Level Psychology (university transfer)</td>
<td>1</td>
<td>Theoretical contributions and frameworks including perception, motivation and learning.</td>
</tr>
<tr>
<td>Intervention Skills and Individual Program Planning</td>
<td>3</td>
<td>Observation, assessment, goal planning, implementation and evaluation for individuals and small groups.</td>
</tr>
<tr>
<td>Basic Health Practices</td>
<td>1</td>
<td>Wellness, illness prevention, communicable diseases, mental health, abuse and substance abuse. Skills include Standard First Aid, CPR Level C and personal care for clients.</td>
</tr>
<tr>
<td>English Elective</td>
<td>1</td>
<td>Exceeding English 30  NB: College communications courses may not satisfy the basic U of C requirement.</td>
</tr>
<tr>
<td>Open University Transfer Electives</td>
<td>2</td>
<td>Arts and Sciences</td>
</tr>
</tbody>
</table>

* Units are approximately equivalent to 40 hours of instruction plus associated assignments, labs, etc.

**Table 3: College Competencies in Rehabilitation Related Diplomas**

At the bachelors level we strive to build on this base and to provide a very different milieu for learning building on the following principles:

- **Diverse perspectives:** Students bring to the degree an established set of practices and beliefs from various disciplines and this is increased by taking courses in other disciplines and by studying the interdisciplinary nature of community practice. Course work in team building is essential.

- **Personal and collective responsibility for learning:** The Community of Learners model fosters notions of self in community. Students support each other in their independent study, and group assignments. Modern technology enables students in dispersed locations to come to community in new ways.

- **Transformative education:** Students learn in models that are themselves transformative and thus they learn, through course content and through experience how to use education as a force for social change. Community development is a foundation for understanding all groups and their functions.

- **Internships:** Assignments are often done for the field. For example, in a practicum on contracting, students negotiate to conduct research, prepare program proposals etc and are graded on their consultation products. In the supervision practicum, senior students supervise junior students or college students as well as staff in agencies.
• **Mentorship:** Professionals willing to support and advise students in their personal development not only stress collegial relationships but model ways of supervising staff.

• **Research as practice:** Ongoing action research projects and a research practitioner course build personal habits of systemic inquiry in practice. The final course enables students to consolidate their learning and translate their learning into a project that contributes to their field of practice.

At the graduate level, students experience the same principles as above but with some additions.

• **Graduate competence through personal experience:** Because students come from such a broad range of programs, it is essential that they be secure in the knowledge that they share a set of competencies. This is done through ensuring that all students have skills in career development, case management, and analysis of social policy and research. The course competencies can be challenged if the student has had considerable experience and related undergraduate coursework.

• **Interdisciplinarity and cross-fertilization of knowledge:** The graduate program is set up to promote the exchange of ideas and knowledge across various disciplines that have relevance to issues faced in community rehabilitation and disability studies. Students pursue specializations in a variety of areas and take courses from different department’s disciplines or faculty, depending on the nature of their specialization. The learning attained is shared with peers in doctoral or master’s seminars.

• **Individualization and developing a domain of personal expertise:** While there are common areas of knowledge, individualized learning contracts are developed for graduate students at both the Master’s and Doctorate levels. All graduate students have the option of developing a personal area of expertise, which can then be pursued on graduation, whether in a practice or academic environment. They are expected to contribute their expertise through a national conference and through teaching at the Bachelor’s level.

In summary, Career Ladders build on previous knowledge and experience, learning is distributed, not massed, concrete knowledge is mastered and applied before the next level of abstraction is embraced and students cycle through education and work experience ensuring that knowledge is integrated into practice at each level.

**Course Delivery and Recruitment of Students in a Career Laddered Model**

Direct service work tends to be entry level work. It attracts young people and those returning to work. On the job training that is done in conjunction with community colleges provide a way to foster education and encourage talented lay workers to become part of the profession. Douglas College in British Columbia provides training in partnership with local employers that meets both the needs of the workplace while providing a taste of college education. The Alberta Association of Rehabilitation Centers provides a mentored training model that is considered for credit by the college programs. The Province of Nova Scotia has declared that all those working in direct service work with persons with disabilities will have college diplomas.

Those who make a commitment to the field can proceed to university either on a full time basis or, increasingly they have opportunities to continue employment while working to complete a bachelor’s degree. Students are recruited from a wide array of professions working with persons
with disabilities in community practice. This diversity ensures an interdisciplinary mix to classes and fosters transdisciplinary practice models.

Course delivery at the Bachelor’s level tends to be delivered to geographic cohorts although there are an increasing number of students who travel to remote cohorts for weekend courses to meet and study with other professionals. Students seem to prefer a mix of intensive workshops and Internet delivery although an increasing number of courses are available on the Internet with local tutors available as back up resources.

The interdisciplinary bachelor’s degree in Community Rehabilitation and Disability Studies creates a base against which other degrees can be evaluated for admission to graduate degrees. A number of courses that have been designated as core to the field are available at both the undergraduate and graduate level and can be challenged through a Graduate Challenge Unit that recognizes a combination of experience and self study. This provides the maximum of flexibility for the field and for professionals wishing to take courses. Graduate students currently come from Occupation Therapy, Physiotherapy, Social Work, Psychology, Nursing and a wide range of related degrees. In the future, they will increasingly come from those who have completed distance BCR’s or specialized graduate certificates, although we will continue to welcome those from all related disciplines.

The results of our pilot indicated that graduate students wanted to spend more time together and thus a work study model has been introduced wherein students spend 6-10 days together, 3 times a year. Students use the Internet to stay in touch, share assignments and stay in contact with instructors. The passion and commitment of students engaged in graduate study that pushes limits of personal growth and systems change seems to make the cost and challenges worthwhile.

Features that have made the Canadian model work

The last word goes to the students and their comments about career laddered programs. These have been distilled from ongoing focus groups and evaluations.

- I am more likely to continue to learn and to grow when the learning is convenient and makes sense. Coming back to school has become a habit hard to break.
- It seems that I am expected to continue to grow and be a partner in my education just as I expect my clients to grow and be a partner in their supports.
- Partnerships with professional associations, industry sectors and consumers in education is just like the work I do in building teams at work.
- I like learning with people from other disciplines, I learn just by working together. I finally understand what transdisciplinary means.
- I don’t think I could have done this without the support of my cohort, they were always there to challenge me and to make sure I completed my work. It often seemed like our work rather than just me alone.
- We were expected to see ourselves as leaders and change agents. It made me want to learn more and keep up with the field.
• I like to learn in different ways and see how I can apply how I learn to helping groups learn and change. I really liked the internet although it frightened me at the start. Many of my clients seem to know more than I do about their condition because they’re on the net.
• The research courses really challenged me but now its hard to see anything without thinking about the research it might lead to. Research is just about being present in your work.
• As my employer saw the benefits, it was as if they started to change with me and became excited about this field from a different perspective, it wasn’t all doing that counted it was the knowing.

Conclusion

We have attempted to present an alternative model of professional training for Rehabilitation that has evolved within the culture and context of Canadian practice, policy and educational traditions. We did so in the hopes that a common vision as educators of Rehabilitation professionals of North America will be supported and informed by the understanding of our past experience and our present strengths.

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