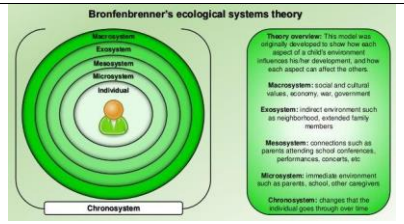
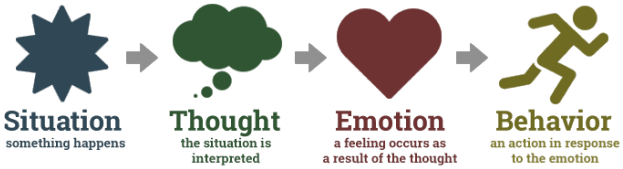
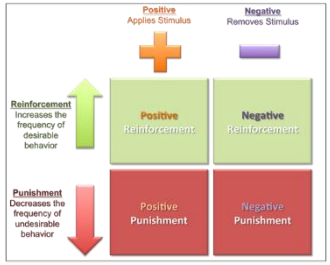
Preparing for the RAC-SCC Self-Assessment

Competency	Recommendations & Guiding Questions	Related Information
019N - TO BE FAMILIAR WITH THE JOB FUNCTIONS OF A SPECIAL CARE COUNSELLOR & THE STEPS IN THE INTERVENTION PROCESS	Talk with a Special Care Counsellor (Behavior Technician, Special Ed. Tech, etc.) in your organization and ask them to share about their role and responsibilities. *How does this compare with your current role?* OADIE is an acronym used to outline the steps of the intervention plan. You should be familiar with OADIE. **THE INTERVENTION PLAN** An effective intervention plan involves several steps. OADIE is one effective model that may be used for SCC intervention plans. **O:** Observe (gather information) **A:** Assess and analyze (identify needs, goals) **D:** Develop and design (identify activities and tools) **I:** Implement (put the plan into action) **E:** Evaluate and reflect (how did it go?) Think of a client you have worked with and think of the ways you applied OADIE, either formally or informally.	Read about the role and responsibilities of an SCC in a school environment. Here is one example from a job description: **Nature of the work** The principal and customary work of an SCC consists in working with a multidisciplinary team to apply special education techniques and methods in keeping with an individualized education plan intended for handicapped students or students with social maladjustments or learning difficulties or in keeping with a program designed for students requiring specific support. He or she helps students with learning activities in class. Within his or her competence, the employee helps a student to read and write and provides him or her with needed explanations; helps him or her with lessons and homework. He or she observes situations and works with students reacting to their environment; counsels them; applies to students in crisis situations intervention techniques conducive to calm and order; coaches them in their behaviour modification process; provides support to the teacher so as to ensure an environment conducive to learning in the classroom. He or she informs students of the various disorders or dependencies and, if necessary, meets with them to provide them with advice, help or referrals to specialized resources.

		He or she supervises students who, following a sanction, must receive instruction in another room; helps them with their schoolwork; determines with the students concerned and with the staff involved in intervention efforts the conditions for reintegrating the classroom. He or she may be required to accompany students with special needs on the arrival and departure of school buses. He or she records his or her observations and interventions, keeps files and prepares reports on a student's situation. He or she works, where necessary, with youth protection organizations and external interveners in matters pertaining, in particular, to parental abuse or negligence; where applicable, helps the school administration to conduct student searches. He or she meets with students, parents and teachers to provide them with advice, information.
019X – TO BE FAMILIAR WITH THE SCC CODE OF CONDUCT AND ETHICAL BEHAVIOR	Make sure you are familiar with the code of conduct either from your workplace or refer to the QASCC Code of Conduct:	Open the link for the SCC Code of Conduct from the Quebec Association of Special Care Counsellors: https://www.aeesq.ca/en/code-deontologie
019P – TO BE FAMILIAR WITH COMMUNITY RESOURCES	SCCs consult resources for the clients they work with. *Think of some resources you could refer a client to using this website*.	Consult this website that provides a thorough repertoire of resources: 211QC.ca https://www.211qc.ca/en/directory/montreal

019R-1 – HUMAN DEVELOPMENT ACROSS THE LIFESPAN	SCCs require an understanding of the many milestones of normal development across the lifespan to make sense of their observations and to make thorough assessments to identify client needs. Review the developmental domains to the right, and be prepared to discuss and give examples of some changes across the lifespan in **each** of the developmental domains.	<u>Physical domain includes:</u> body size, body proportions, appearance, brain development, motor development, perception capacities, physical health. <u>Affective/social/behavioural domain includes:</u> self-knowledge (self-esteem, sexual identity, ethnic identity), moral reasoning, affect, understanding and expression of emotions, self-regulation, temperament, personality, understanding others, interpersonal skills, and friendships, Erikson's stages. <u>Cognitive domain includes:</u> thought processes and intellectual abilities including attention, memory, problem solving, imagination, creativity, academic and practical knowledge, metacognition, Piaget's stages. <u>Language and learning domain includes:</u> Development of speech, vocabulary, learning styles, conversation, grammar, reading skills, retrieving words, expressing oneself. <u>Sexuality domain includes:</u> Sexual identity, gender identity, intimate relationships, sexual pleasure and stimulation, hormonal changes, Freud's stages.

019W – TO BE FAMILIAR WITH FOUR APPROACHES USED IN SCC	SCCs do their work using certain intervention approaches. The following are four of the main approaches used. *Consider how you are using the following approaches with the clients you work with:* 1. SYSTEMS APPROACH 2. CLIENT-CENTRED APPROACH 3. COGNITIVE-BEHAVIORAL APPROACH 4. BEHAVIOR MODIFICATION APPROACH	1.  2. **The History Of The Person-Centered Approach**[1] by Howard Kirschenbaum https://www.adpca.org/content/history-0 3. The focus of the Cognitive Behavioural Approach is on helping people learn how their thoughts impact and affect their feelings and behaviours.  4. Behavior Modification Approach  Go to this link for more information on Behavior Modification https://www.psychologywizard.net/operant-conditioning-ao1-ao2-ao3.html
019S – TO GATHER INFORMATION ON	SCCs gather information by observing and recording behavior using different methods. Some types of reports include **frequency** or	Here is an example of a simple frequency chart:

THE CLIENT'S BEHAVIOR

duration charts, **rating scales**, **ABC analysis**, **checklists**, **narrative descriptions**, **event analysis**, to name a few.
What type of reports have you participated in writing or are aware of in your workplace?

SCCs also write **summary reports** or **client profiles**. This type of report includes information gathered from both observations and interviews to help SCCs assess client needs.
Think about a client or clients you have worked with when reviewing the 'client profile' below:

STANDARDIZED FORMAT
CLIENT PROFILE

Name of Student: **Date Submitted:**

A. SOURCES OF INFORMATION:

B. IDENTIFYING INFORMATION
1. **Name of client:**
2. **Date of birth:**

C. FAMILY BACKGROUND INFORMATION:

1. **Family Constellation:**

Name	Gender	Age	Relationship to Client

2. **Psychosocial History of Family:**

D. REFERRAL HISTORY:

Date	Referred by	Place of Referral	Reason

Example
Behavior: Saying something nice
Behavior Definition: Making a statement to a peer or a teacher during class time, in a pleasant tone, which includes either praise or politeness, for example saying "you did well" or "excuse me"
Total Observation Time: 20 minutes Length of each interval: 2 minutes

Date	Interval #										Total times behavior occurred (X)
11/5	1	2	3	4	5	6	7	8	9	10	
O or X	X	O	O	X	O	O	O	X	O	O	3

E. REASON FOR CURRENT REFERRAL/SERVICE:

F. CURRENT STATUS OF CLIENT:

1. **Medical Status:**
2. **Sensory and Psycho-motor Functioning:**
3. **Cognitive Skills:**
4. **Communication skills: Expressive/Receptive/Speech**
5. **Learning Style:**
6. **ADL/IADL:**
7. **Social/Interpersonal skills:**
8. **Affective/Behavioral Functioning:**
9. **Work/Vocational Skills:**
10. **Leisure/Recreational/Special Interests:**

G. CURRENT FAMILY SITUATION AND DYNAMICS:

H. CURRENT INTERVENTION OBJECTIVES (Agency, family, client):

I. ANALYSIS OF AREAS OF CONCERN

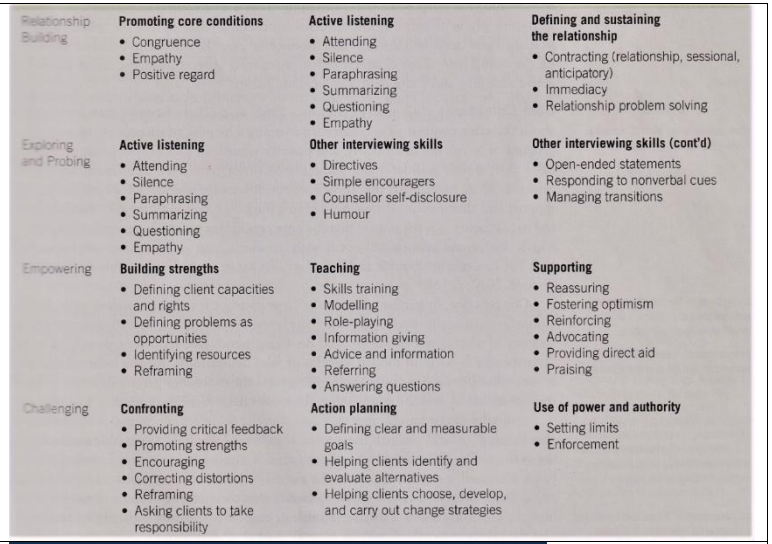
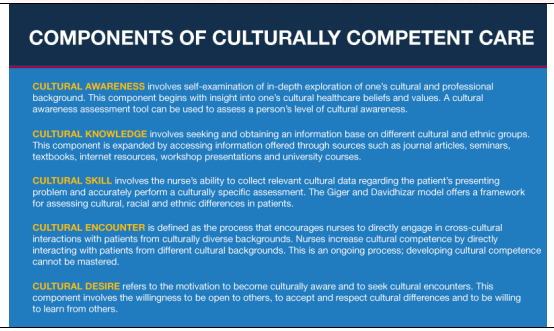
Areas of Concern	Possible Reasons
1.	1.
2.	2.
3.	3.

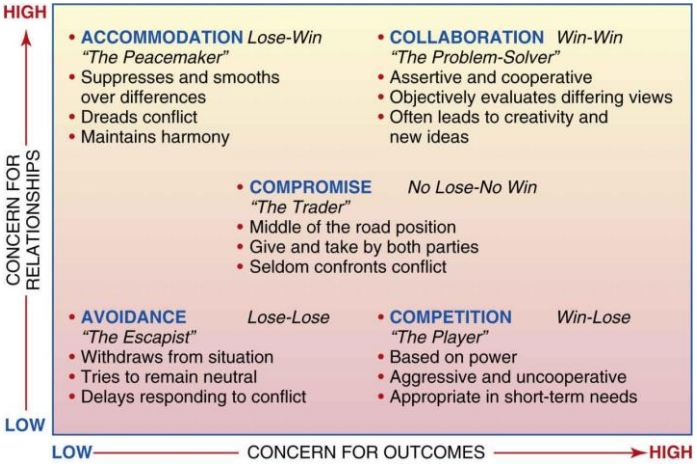
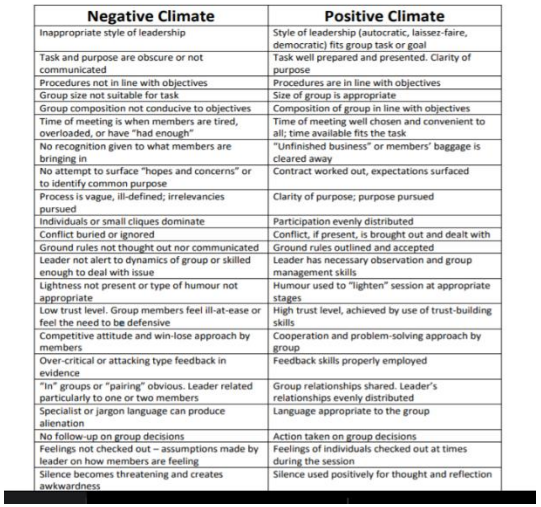
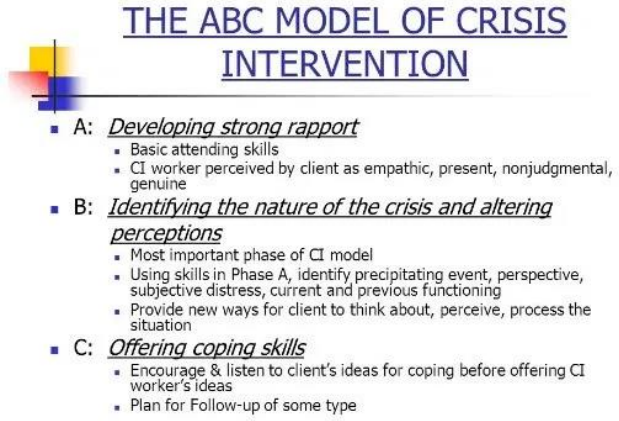
J. IDENTIFIED NEED

019Q – TO COMMUNICATE WITH CLIENTS AND MEMBERS OF YOUR TEAM	Communicating with clients and members of your team is a critical SCC skill. Think about the many verbal and non-verbal factors that can help or hinder communication. *Think about the importance of using active listening skills. What listening skills do you use?*	**Barriers to Effective Communication** Poor communication is often the result of multiple factors: **1. Environmental barriers** ●space is too hot, too cold ●outside distractions or interference (noise, bright lights…) ●frequent interruptions

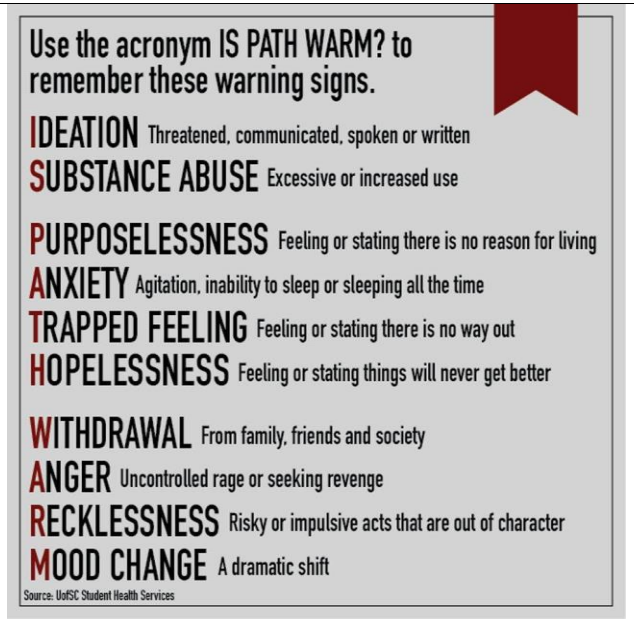
		2. Barriers related to self ● having poor knowledge of the subject or being inadequately prepared ● having strong feelings about the topic; not believing in the topic or subject ● lack of interest in the topic ● preoccupation with other things or thoughts; not giving full attention to the conversation ● unintentionally not saying what we mean ● physical challenges: preoccupation with pain or not feeling well ● level of energy; fatigue ● wanting to please or impress the other person ● having negative or hostile feelings or reactions to the other ● jumping to conclusions; making judgments and assumptions without checking them out ● being temporarily preoccupied with other concerns ● unconscious nonverbal signals inconsistent with spoken message ● moralizing; preaching; persuading with logic; arguing; lecturing ● taking up a lot of airtime ● being attached to specific outcomes (rather than open to new possibilities) ● wanting to "fix" things: giving advice when not asked for; analyzing; diagnosing ● name-calling; ridiculing; sarcasm; criticizing; blaming; threatening; warning ● withdrawal; inappropriate silences ● excessive praising; agreeing ● betraying confidences ● lying; intentionally omitting or withholding information; intentionally misleading

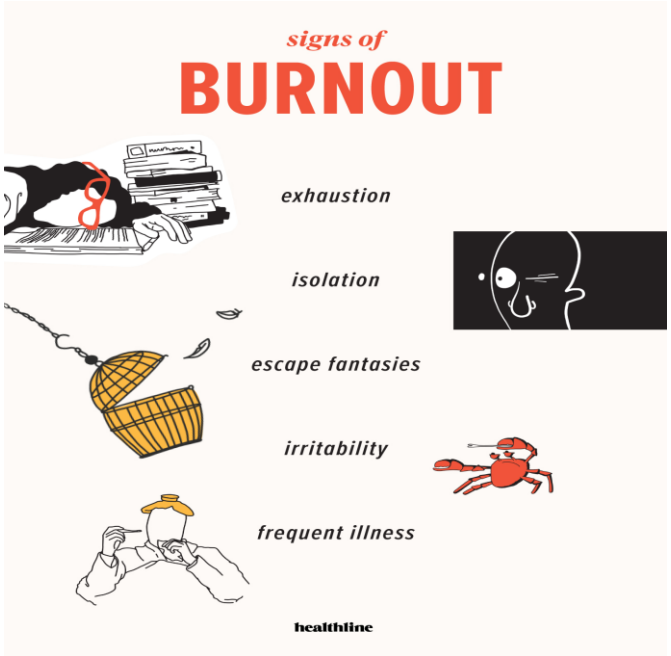
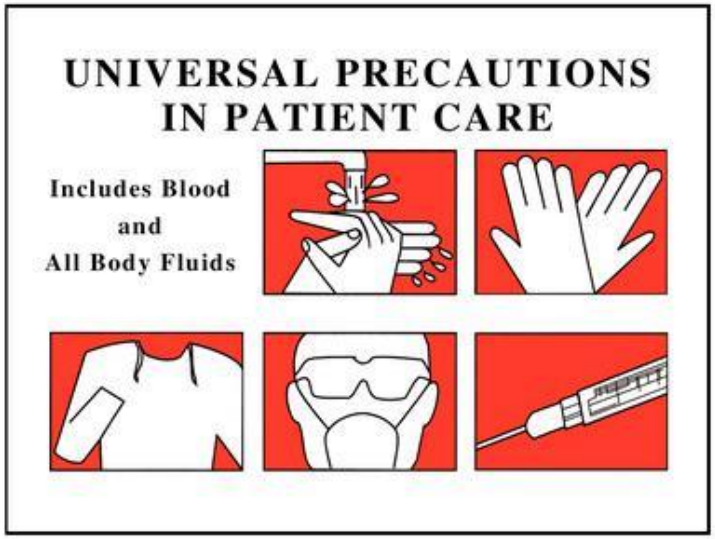
		3. Temporal barriers ●time pressures **4. Interpersonal barriers** ●cultural differences ●age differences ●sub-group differences ●status differences ●economic differences ●professional differences ●"in-group/out-group" differences **5. Language barriers** ●having different professional or cultural vocabularies ●same words have different meanings to different people; ●inadequacy of words to express difficult concepts, relationships or situations; ●non-fluency with language of the conversation using vocabulary beyond the comprehension of the other
019Ta – TO DESIGN AND FACILITATE DEVELOPMENTAL ACTIVITIES	In preparing for 019Ta, think about a therapeutic activity you have designed and animated. *What was the goal of the activity? How did it relate to the need(s) of the client(s)? What animation skills helped increase participation? When we design and animate activities, we also evaluate the achievement of the objective(s). What would have made the activity you designed and animated more effective?*	

019Y – TO DEVELOP A TRUSTING RELATIONSHIP	In preparing for 019Y, consider the table on the right and review the counselling micro-skills used by the SCC. *What micro-counselling skills do you use daily with your clients, colleagues, families?*	
01A9 – CULTURE AND DIVERSITY	*Think about the clients and colleagues you have worked with. How do you show cultural sensitivity as an SCC?*	
01A1 – WORKING WITH GROUPS: GROUP DEVELOPMENT AND CONFLICT	SCCs must be aware of the many factors that can affect a group's emotional climate. A group climate is the emotional atmosphere, the overall tone that is created by the way we communicate in groups. Individuals in a positive group climate feel valued and supported. *How do you create a positive group climate, show leadership, and resolve conflict?* Conflict is inevitable in groups and even helpful. One model for resolving conflicts is the Win-Win Approach.	

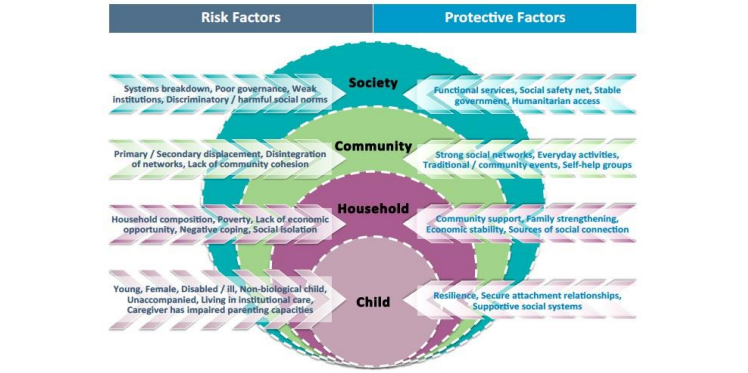
	What conflicts have you experienced? How have you dealt with them? How could you have dealt with them?  	*being treated well by the group. Those in a negative climate do not feel valued, supported and respected, trust is minimal, and members perceive that they are not being treated well.*  Above are ways that contribute to either a positive or negative group climate.
01AB – TO INTERVENE IN A CRISIS	SCCs often work with clients who can go into crisis. It is important to have a framework related to a crisis intervention model. The ABC model below to the right provides such a framework: *Think of a time when you intervened in a crisis.* *How did you know the client was escalating?* *What strategies helped de-escalate the crisis?* *How did you protect yourself, the client and the immediate environment?* SCCs need to have a framework for assessing the level of risk or danger when someone is presenting with suicidal ideation. Below is one assessment method that can be used:	

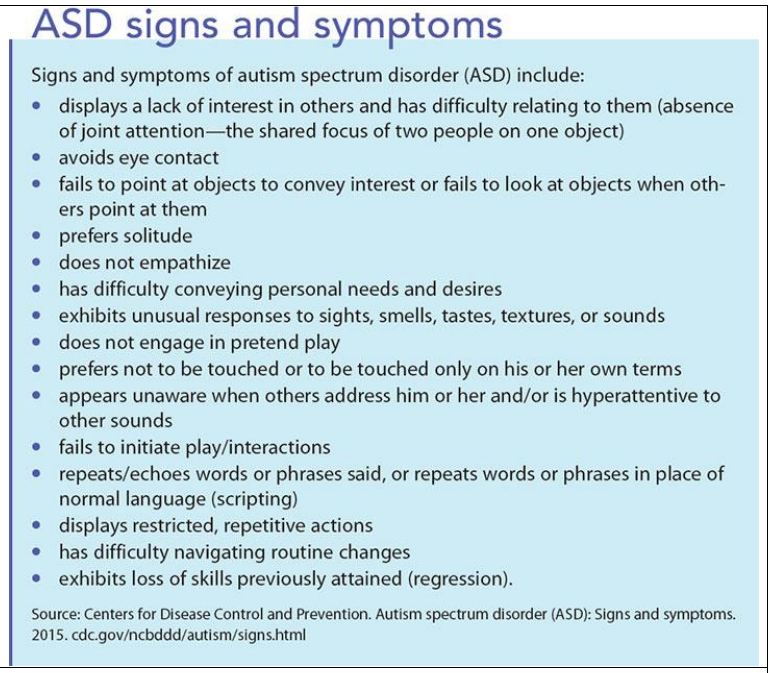
Negative Climate	Positive Climate
Inappropriate style of leadership	Style of leadership (autocratic, laissez-faire, democratic) fits group task or goal
Task and purpose are obscure or not communicated	Task well prepared and presented. Clarity of purpose
Procedures not in line with objectives	Procedures are in line with objectives
Group size not suitable for task	Size of group is appropriate
Group composition not conducive to objectives	Composition of group in line with objectives
Time of meeting is when members are tired, overloaded, or have "had enough"	Time of meeting well chosen and convenient to all; time available fits the task
No recognition given to what members are bringing in	"Unfinished business" or members' baggage is cleared away
No attempt to surface "hopes and concerns" or to identify common purpose	Contract worked out, expectations surfaced
Process is vague, ill-defined; irrelevancies pursued	Clarity of purpose; purpose pursued
Individuals or small cliques dominate	Participation evenly distributed
Conflict buried or ignored	Conflict, if present, is brought out and dealt with
Ground rules not thought out nor communicated	Ground rules outlined and accepted
Leader not alert to dynamics of group or skilled enough to deal with issue	Leader has necessary observation and group management skills
Lightness not present or type of humour not appropriate	Humour used to "lighten" session at appropriate stages
Low trust level. Group members feel ill-at-ease or feel the need to be defensive	High trust level, achieved by use of trust-building skills
Competitive attitude and win-lose approach by members	Cooperation and problem-solving approach by group
Over-critical or attacking type feedback in evidence	Feedback skills properly employed
"In" groups or "pairing" obvious. Leader related particularly to one or two members	Group relationships shared. Leader's relationships evenly distributed
Specialist or jargon language can produce alienation	Language appropriate to the group
No follow-up on group decisions	Action taken on group decisions
Feelings not checked out – assumptions made by leader on how members are feeling	Feelings of individuals checked out at times during the session
Silence becomes threatening and creates awkwardness	Silence used positively for thought and reflection


Use the acronym IS PATH WARM? to remember these warning signs.
IDEATION Threatened, communicated, spoken or written
SUBSTANCE ABUSE Excessive or increased use
PURPOSELESSNESS Feeling or stating there is no reason for living
ANXIETY Agitation, inability to sleep or sleeping all the time
TRAPPED FEELING Feeling or stating there is no way out
HOPELESSNESS Feeling or stating things will never get better
WITHDRAWAL From family, friends and society
ANGER Uncontrolled rage or seeking revenge
RECKLESSNESS Risky or impulsive acts that are out of character
MOOD CHANGE A dramatic shift
Source: UofSC Student Health Services

01A4 – PROTECTION OF SELF AND OTHERS	SCCs need to be aware of how to protect themselves and others when it comes to the risk of the spread of infection. Being familiar with the protective measures in your agency is important. Being familiar with the signs, symptoms and ways of preventing burnout is also an important part of protecting self and others. 	

01A8- TO DEVELOP AN INTERVENTION PLAN	Special Care Counsellors write intervention plans for their clients to address priority needs. Before writing an intervention plan, SCCs need to assess their client's strengths, abilities, interests, and challenges. Below are some elements in the assessment process: **Elements of the assessment process** 1. Review of records/history 2. Medical/physical evaluation 3. Direct observation 4. Indirect observation 5. Interviews 6. Evaluations and assessments (cognitive, psychological, adaptive functioning, mental health, communication, social competence) 7. Anecdotal reports: behaviours, incidents, interests, activities 8. Family functioning Once the assessment is complete, the SCC will identify an overall long-term goal and SMART objectives to reach that goal. To the right is a format for writing SMART objectives: *Think of an intervention plan you have been involved in. What was the goal, SMART objectives, and methods or activities you implemented to reach the overall goal?*	 **Specific** — Is the objective precise and well-defined? Is it clear? Can everyone understand it? **Measurable** — How will the individual know when the task has been completed? What evidence is needed to confirm it? Have you stated how you will judge whether it has been completed or not? **Achievable** — Is it within their capabilities? Are there sufficient resources available to enable this to happen? Can it be done at all? **Realistic** — Is it possible for the individual to perform the objective? How sensible is the objective in the current business context? Does it fit into the overall pattern of this individual's work? **Timely** — Is there a deadline? Is it feasible to meet this deadline? Is it appropriate to do this work now? Are there review dates?
019Tb – TO DEVELOP CLINICAL TOOLS	In the SCC field, a clinical tool is defined in a broad sense to include any item, piece of equipment, or product, whether handmade, acquired commercially off the shelf, modified, or customized that is used to increase, maintain, or improve the adaptive and/or functional capabilities of a person with a disability, special need, and/or social adjustment issue.	Some examples of clinical tools include: Client worksheets to reinforce concepts shown (CBT) Reinforcement Schedules (token economy systems) Communication Aids (bliss symbolics) Zones of Regulation systems used in classrooms Games adapted for a particular purpose (e.g., to promote fine-motor skills) Recreational equipment used for a particular purpose (e.g., to enhance gross-motor development) Adaptive devices and assistive technologies

		And so many more…. Come prepared to discuss a clinical tool have you designed and used with your clients.
019U – CLIENT'S LIVING ENVIRONMENT	Special Care Counsellors must be aware of the many factors that impact their clients. These factors are related to the client's living environment and can either be protective or put them at an increased risk. *What are some examples of the physical and social factors you are aware of that may impact your client's development, either positively or negatively. Come prepared to identify some examples.*	
019R-2-9 – CLIENT GROUP TRAITS AND CHARACTERISTICS	SCCs are trained to work with many client groups. Come prepared to the validation interview ready to share the traits and characteristics of at least three client groups you are most familiar with. Below are the eight client groups: • Clients with an intellectual disability • Clients with a physical or neurological impairment • Clients with Autism Spectrum Disorder • Clients with a mental health or substance abuse issue • Young people with a social adjustment issue • Clients experiencing violence and social exclusion	You can refer to this website to see an example of the traits and characteristics related to a client with Autism Spectrum Disorder: https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/B.%20Module%201%20Content.pdf Or, take a look at the example below of some traits and characteristics related to a client with Autism Spectrum Disorder:

	• Clients with language and/or learning disabilities • Older adults experiencing lack of autonomy	
CLIENT GROUPS AND INTERVENTION PLANNING	Think about clients you have worked with from each of the three client groups above that you have identified. Be prepared to discuss their strengths, interests and challenges and the priority goal that you identified as being the most important to work on. *What strategies and/or activities did you use (or would you use)? On your left is a list of steps to use as a guide in developing an intervention plan.*	Step 1. List client's challenges, problems, needs (from your observations): Step 2. From the above list, identify one priority need for intervention: Step 3. List client's strengths, abilities, interests Step 4. Long-term Goal: (Must address priority need) Step 5. Short-Term SMART Objectives: (Each objective should help client achieve the long-term goal) Objective 1:

		Objective 2: Step 6. Methodology Section: This is your activity plan: (Describe in detail; link methods/activities/tools to the stated objectives) Objective 1 – implementation steps, activities and tools that will help meet this objective: Objective 2 – implementation steps, activities and tools that will help meet this objective:
INTEGRATION OR REINTEGRATION	In the criminal justice system, reintegration refers to the process of re-entry into society by persons that have been in prison, or incarcerated. SCCs also work to reintegrate their clients from outside agencies back into their original environments. For example, SCCs can work with clients who leave their school for a period of months before being reintegrated. *Think about a client you have worked with that has either been integrated or reintegrated into your work/school environment. What needed to happen for the reintegration to be successful? What steps needed to be taken to ensure a smooth, seamless reintegration?*	Watch this video for an example of an integration program for women who want to integrate or reintegrate into the workforce through the YWCA: https://youtu.be/FTzCISc0sqg
TO ANALYZE A SOCIAL ADJUSTMENT ISSUE	The definition of a social problem has both an objective component and a subjective component. The objective component involves empirical evidence of the negative consequences of a social condition or behavior, while the subjective component involves the perception	Look at this website for some examples of current social issues in Canada: https://www.c2d2.ca/#:~:text=When%20it%20comes%20to%20social,are%20often%20in%20stark%20conflict. **Current social issues in Canada include:**

	that the condition or behavior is indeed a problem that needs to be addressed. *Come prepared to discuss an issue that you have experienced or witnessed either in your workplace or your community. Some issues include bullying, racial discrimination, poverty, etc. What issues have you personally witnessed in your workplace?*	• Mental health issues • Controversial abortion laws • Freedom of speech • Gambling Addiction Issues in Canada • Violence against women • Prostitution • Social policy decisions for drugs and alcohol • Racial discrimination and the problem of the first nations • Issues regarding the possession of weapons • The creeping problem of pension benefits
TO DESIGN AN INTEGRATED INTERVENTION PLAN	In their role, SCCs observe and identify social adjustment problems that are impacting their clients and that may not be adequately addressed. SCCs address the issue by researching and learning about current best practices through academic and field research. *What interventions can you think of that would address the psychosocial adjustment issue you have identified?*	