



## **Psychological Counseling in Rehabilitation: A Theoretical Perspective**

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### **Abstract**

The purpose of the study was to investigate the effectiveness of psychological counseling in the process of rehabilitation among the child with special need and different disabilities. The *Formal Interview and Psychometric Tools* were used in order to assess the areas of rehabilitation and *Rosenberg Self Esteem Scale* (Rosenberg, 1965) in order to determine the level of Global Self-Worth indicating both positive and negative feelings about the Self.

This is the study of child with special need and different disabilities of the age range from 10 to 16 years of 6<sup>th</sup> to 8<sup>th</sup> standard, at Phonix intervention centre. The level of rehabilitation and Self-Esteem were assessed by using Formal interview and psychometric tools and *Self Esteem Scale* (Rosenberg, 1965).

The student were administered the psychological counseling and were reassessed after the period of two months. The results of the study indicate that the student significantly improved in the level of rehabilitation and had shown significant increase in Self-Esteem. This shows that psychological counseling techniques are efficient in rehabilitation.

**Keywords:** Psychological Counselling, Self Esteem, Rehabilitation.

## Introduction

Rehabilitation counseling is a systematic process which assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process. Rehabilitation Counseling is to prop up to individuals with disabilities to attain their personal, career, and independent living goals. Through an all-inclusive counseling process, individuals with disabilities are empowered to set and achieve goals, be independent, and make their own decisions. Rehabilitation Counselors work in a wide variety of practice settings including government agencies, universities and schools, rehabilitation facilities, insurance companies, private practice, hospitals, and other organizations that serve individuals with congenital or acquired disabilities. Over time, with the changes in social work being more psychotherapy-oriented, rehabilitation counselors take on more and more community engagement work, especially as it relates to special populations. Some rehabilitation counselors focus solely on community engagement through vocational services.

Rehabilitation Counselors are Allied Health Professionals who work within a counseling and case management framework to assist people who are experiencing disability, a health condition or social disadvantage to participate in employment or education, or to live independently and access services in the community.

Sometimes people with disabilities need the help, the guidance, and the knowledge to know how to successfully set and achieve their goals. Rehabilitation Counselors are the only professional counselors educated and trained at the graduate level specifically to serve individuals with disabilities. This includes an extensive knowledge of all aspects of disability as well as an in-depth understanding of critical considerations such as assistive technology and

employment law. Unlike other counseling professions, Rehabilitation Counselors are uniquely qualified to help individuals with disabilities acclimate into the workplace, and to help employers make a workplace more receptive to individuals with disabilities.

The Rehabilitation Counseling Program prepares students for careers in a variety of counseling settings with the primary goal of acquiring and applying the specialized knowledge, skills, and values that will enable them to effectively assist and support individuals with disabilities throughout the rehabilitation process. The Rehabilitation Program works towards this goal by creating an environment which encourages a commitment to lifelong learning, critical thinking, resource development, creative problem solving, the development of a professional network, and appreciation of the skills and abilities of persons with disabilities.

According to the National Council on Rehabilitation Education, a Rehabilitation Counselor is a counselor who possesses the specialized knowledge, skills and attitudes needed to collaborate in a professional relationship with people who have disabilities to achieve their personal, social, psychological and vocational goals. The rehabilitation counselor determines and coordinates services for people with disabilities during the entire rehabilitation process, and is the primary professional to manage components of the rehabilitation process. Rehabilitation counselors assist persons with physical, mental, emotional, or social impairments which may result from birth, illness and disease, work-related injuries, automobile accidents, and the stresses of war, work, and daily life. Roles and responsibilities of the rehabilitation counselor include: counseling to assist the individual with a disability to deal with social and personal problems, plan careers, and find and keep satisfying jobs; advocacy to assist individuals as both professional organizations and advocacy groups address environmental, social attitudinal barriers which create obstacles for people with disabilities; evaluation of an individual's capacity for

independent living and employment through use of assessment procedures and through arranging for medical, psychological, and vocational evaluations and through consultation with physicians, psychologists, physical therapists, occupational therapists, vocational evaluators, rehabilitation engineers, rehabilitation technologists, and other allied health professionals; recommending and arranging appropriate rehabilitation services such as medical care, psychological services, educational services, return to work, vocational training, and job placement; working with employers and other rehabilitation professionals to identify and/or modify jobs and work tasks; and engaging in job development and placement efforts with individuals with disabilities.

### **Scope of Practice for Rehabilitation Counseling**

According to the Scope of Practice for Rehabilitation Counseling, developed by the Commission on Rehabilitation Counselor Certification (CRCC, n.d., p. 2), counseling as a treatment intervention is defined as follows:

The application of cognitive, affective, behavioral, and systemic counseling strategies which include developmental, wellness, pathologic, and multicultural principles of human behavior. Such interventions are specifically implemented in the context of a professional counseling relationship and may include, but are not limited to, appraisal; individual, group, marriage, and family counseling and psychotherapy; the diagnostic description and treatment of persons with mental emotional and behavioral disorders or disabilities; guidance and consulting to facilitate normal growth and development, including educational and career development; the utilization of functional assessments and career counseling for persons requesting assistance in adjusting to a disability or handicapping condition; referrals; consulting; and research.

## Rehabilitation Philosophy

- Every human being has an inalienable value and is worthy of respect for his/her own sake
- Every person has membership in society, and rehabilitation should cultivate his full acceptance
- Assets of PWD should be emphasized, supported, and developed
- Reality factors should be stressed in helping the person cope with his environment
- Comprehensive treatment involves the “whole person,” because life-areas are interdependent
- Treatment should vary and be flexible to deal with the special characteristics of the person
- Every person should assume as much initiative and participation as possible in the rehab plan and its execution
- Society should be responsible, through all possible public and private agencies, for the providing of services and opportunities to PWD
- Rehabilitation programs must be conducted with interdisciplinary and interagency integration
- Rehabilitation is a continuous process that applies as long as help is needed
- Psychological and personal reactions of the individuals are ever present and often crucial
- The rehab process is complex and must be subject to constant reexamination-for each individual and for the program as a whole
- The severity of a disability can be increased or diminished by environmental conditions.
- The significance of a disability is affected by the person’s feelings about the self and his or her situation

- The client is seen not as an isolated individual but as part of a larger group that includes other people, often the family
- Predictor variables, based on group outcomes in rehab, should be applied with caution to the individual case
- Self-help organizations are important allies in the rehab effort
- Provision must be made for the effective dissemination of information concerning legislation and community offerings of potential benefit to PWD
- Basic research can profitably be guided by the question of usefulness in ameliorating problems, a vital consideration in rehab fields, including psychology
- PWD should be called upon to serve as co-planners, co-evaluators, and consultants to others, including professional persons

### **Rehabilitation Characteristics**

- Encounters with professionals are often repetitive, with established relationships
- Client need for services often escalates as recovery continues
- Needs and problems often most evident out in the community (shopping, at work) rather than in clinical settings
- Rehabilitation prescribes and enables clients to “practice” extensively between sessions in real-life activities
- Multitude of professional disciplines
- Need for carryover of clinical evaluations and recommendations from one service network/team to another
- Coupled with stubborn and chronic poor employment rates, evidence points to need for new and expanded models of community-based and vocational rehabilitation

## **Contextual Factors in Rehabilitation**

- Limited or difficulty generalizing from clinic to natural environment
- “Place and train” model of supported employment
- Use of strategies in environment to facilitate employment success
  - Assistive technology
  - Cognitive rehabilitation
- Rehab process requires:
  - Education about injury/disability
  - Detail about the environment
  - Spontaneous compensatory strategies tried out in everyday life
  - Increasing self-awareness and incorporating new info about self
- Complex follow-up needs, often escalating over time:
  - Emotional
  - Psychosocial
  - Family/relationship issues
  - Return to work issues
  - Return to home community, making face-to-face follow-up difficult or impossible

## **Rehabilitation Clients**

- Physical disabilities
- Sensory impairments
  - Visual impairments and blindness
  - Hard of hearing and deafness
- Developmental disabilities

- Mental retardation
- Learning disabilities
- Psychiatric/emotional disabilities
- Neurological disorders
- Chemical dependencies
- Full lifespan

### **Rehabilitation counseling Scope**

- Assessment and appraisal
- Diagnosis and treatment planning
- Career (vocational) counseling
- Individual and group counseling treatment interventions focused on facilitating adjustments to the medical and psychosocial impact of disability
- Case management, referral, and service coordination
- Program evaluation and research
- Interventions to remove environmental employment, and attitudinal barriers
- Consultation services among multiple parties and regulatory systems
- Workplace advocacy to remove physical and social barriers to employment
- Job analysis, job development, and placement services, including assistance with employment and job accommodations
- Provision of consultation about and access to rehab technology

### **Career Counseling**

- Based upon evidence in career development theory
- Requires substantial knowledge of world of work

- Counsels re: educational and vocational impact of test and interview information
- Suggests compatible occupational areas with the vocational, psychological, and social information gathered to improve the appropriateness of his or her rehabilitation choice
- Examines impact of disability and vocational significance
- Explores vocational strengths and limitations to assure self-understanding
- Recommends occupational and/or educational materials to explore vocational alternatives

### **Job Development and Placement**

- Visits employers to explain rehabilitation, disability, and solicit jobs
- Discusses client's abilities and work that client can do
- Secures information about performance on and adjustment to new job from employer and client
- Arranges on-the-job training, accommodations, modifications, and supports

## **Methodology**

### **Objectives of the Study**

The following were the objectives for the present study -

1. To investigate the effectiveness of psychological counseling in the process of rehabilitation.
2. To compare the level of self esteem before and after psychological counseling.

### **Tools used:**

The formal interview and psychometric tolls were used for assessment of individual functionality, the level for rehabilitation and *Self Esteem Scale developed* by Rosenberg, (1965).

**Procedure for data collection:**

For the purpose of collecting data, good rapport was established with the students. The data were collected by personally administering the selected tool for the present study.

**Procedure for data analysis:**

For the purpose of analysis of the collected data, the responses obtained from the subjects were scored following the standard procedure described in scoring. The scores of self esteem were entered following the column designed for the selected variable and for analyzing the data, the following statistical techniques were used:-

1. Mean
2. Standard deviation
3. t-test

**Hypothesis of the study**

The following hypotheses were formulated from the given objectives for the present study:-

There will be significant difference in the self esteem before and after psychological counseling in the process of rehabilitation and alleviation in the rehabilitation perspective among the students of Phonix Intervention Centre.

**Research Design**

Quasi Experimental Research type of research was used for this study.

**Results**

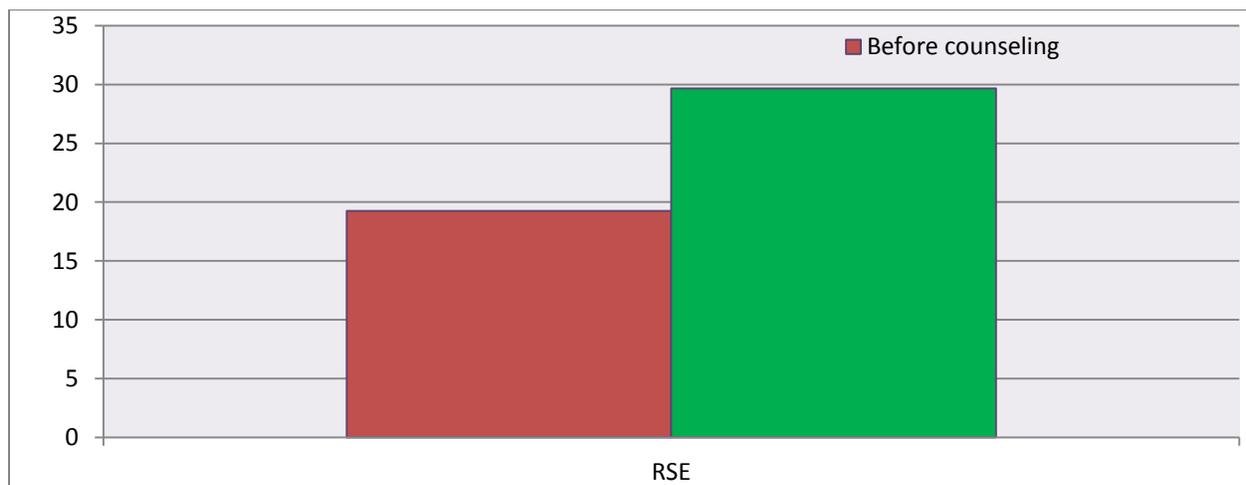
**Table 1: Rosenberg Self-Esteem (RSE) Mean score, Standard Deviation and Critical Ratio. before and after psychological counseling**

| Nomenclature   | Before intervention Mean Score (SD) | After intervention Mean Score (SD) | Mean Difference | Critical Ratio |
|--|-------------------------------------|------------------------------------|-----------------|----------------|
| RSE Score Range (10-40) (Low = 10-20 Average = 21-30 High = 31-40) | 19.25 (7.68)                        | 29.67 (5.09)                       | 10.42           | 8.76**         |

\*\* p < 0.01

**Note:** RSE: Rosenberg Self-Esteem, SD: Standard Deviation.

Students were assessed on Subjective Unit of Distress Scale developed by Wolpe, J. (1969), before psychological counseling the sample score of the group in Rosenberg self esteem scale score is 19.25 (low Self-Esteem) with standard deviation of 7.68 and post intervention the score of the sample group in RSE is 29.67 (Average Self-Esteem) with standard deviation of 5.09. The mean difference is 10.42 and Critical Ratio is 8.76.



**Figure 1: Rosenberg Self-Esteem (RSE) score before and after psychological counseling**

## Conclusions and Discussions

The purpose of the study was to investigate the effectiveness of psychological counseling in the process of rehabilitation among the child with special need and different disabilities. This is the study of child with special need and different disabilities of the age range from 10 to 16 years of 6<sup>th</sup> to 8<sup>th</sup> standard, at Phonix intervention centre The *Formal Interview and Psychometric Tools* were used in order to assess the areas of rehabilitation and *Rosenberg Self Esteem Scale* (Rosenberg, 1965) in order to determine the level of Global Self-Worth indicating both positive and negative feelings about the Self before and after psychological Counseling. The statistical tools employed to analyze the data were mean, standard deviation and *t*-test.

Psychological counseling was used to alleviate the rehabilitation process among students. Initially students were assessed before psychological counseling for special need, level of disability using *formal interview* and psychometric tools and level of self esteem using *Rosenberg Self Esteem Scale developed by Rosenberg, (1965)*. Psychological counseling was used for alleviating the process of rehabilitation. The students were assessed for *Rosenberg Self Esteem Scale and the mean Score of the students were 19.25 with standard deviation 7.68*. Students were given intervention for the period of two months psychological counseling and after two months of psychological counseling the students were assessed again in *Rosenberg Self Esteem Scale, Mean score 29.67 with standard deviation 5.09, Mean difference is 10.42 and the critical ratio is .876* The *Psychological counseling*, through principle of Reciprocal Inhibition, developed alternate emotional responses towards the special need and disability

Students were responded well to psychological counseling. The results on student's *t* test shows that the study found extremely statistically at the level of 0.01. The improvement in score on self esteem revealed that the students had become more balanced in their approach and

together with logic and intuition has a good scope in context of rehabilitation. To conclude, this study has shown that psychological counseling is efficient in rehabilitation process.

Counseling psychologists can use their skills to intrude at anticipatory and organizational level, to developing and facilitating experiential groups that address attitudes towards disability and the professionals that staff them can be a source of not only support to families affected by disability but a source of stress for the family, as systems magnify not only positive impact but also negative too. Counseling psychologists are making significant contributions, in terms of not only psychological counseling and therapy, but also as translators of medical jargon, as Peace Corps between clients and medical workforce, and as educators.

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