
Principles and Techniques of Rehabilitation Counselling

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Abstract

Rehabilitation counselling is focused on helping people who have disabilities achieve their personal, career, and independent living goals through a counselling process. Rehabilitation Counsellors can be found in private practice, in rehabilitation facilities, hospitals, universities, schools, government agencies, insurance companies and other organizations where people are being treated for congenital or acquired disabilities. The basic principles, techniques and process of Rehabilitation Counselling were fully discussed. Counsellors should endeavour to work in collaboration with a client to identify and understand their challenges, barriers and potentials. Also, Community should increase the accessibility of rehabilitation and therapy services for clients. These models increase the services available to people living in rural and remote areas and allow clients to stay in their communities when receiving therapy services

Keywords: Rehabilitation, Counselling

INTRODUCTION

Rehabilitation counselling 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 counselling process. Rehabilitation counselling involves treatment to help bring a person back to a normal functioning level after they experience an illness, injury, or condition. Over time, with the changes in social work being more psychotherapy-oriented, rehabilitation counsellors take on more community engagement work, especially as it relates to special populations. Some rehabilitation counsellors focus solely on community engagement through vocational services, others in various states qualify as certified rehabilitation counsellor (CRC) and a licensed professional counsellors (LPC), enabling them to focus on psychotherapy, founded on the philosophy that every person has the right to be in charge of their health and that they also have inherent worth (Eriksen & Kress, 2016).). This philosophy results in the viewpoint of every individual as being a comprehensive, holistic and unique entity. This makes the rehabilitation team responsible for providing the necessary training, knowledge and skills to the person with an impairment to optimise, enhance and maximise their independent function (Mauk, 2011).

In the medical model of care, the physician is tasked with ensuring the survival of a patient. The physician has an active role in the diagnosis and management of the patient, with the patient frequently performing a passive role in the process of care. This model can play a role when

addressing limited critical care situations in emergency care, although it is often limited in helping patients with conditions where functionality and participation in activities is the real challenge (Ramanayake, et al., 2014). To put this in perspective, in a condition such as a stroke, the concerns of the patient may go beyond addressing pain or spasticity, but be centred on functionality in returning to work, sexuality, grooming and transfers.

Rehabilitation predominantly utilizes the Bio-psycho-social Model, which shifts its focus from the disease to the individual (Mauk, 2011). Rehabilitation focuses on empowering the individual to learn to maximise their residual function, with a goal of minimising the impact of the impairment on the day to day activity (Ramanayake, et al., 2014). This rehabilitation role is carried out by a team of rehabilitation professionals, including physicians, nurses, physical therapists, occupational therapists, speech/language therapists, psychologists, social workers. Through this model, a more holistic approach to care is taken with the individual and their support structures such as family and friends included in the rehabilitation process to enable all to understand the condition and develop strategies to manage the condition effectively (Ramanayake, et al., 2014; World Health Organization, 2021).

Results revealed seven major job functions as central to the professional practice of rehabilitation counselling in today's practice environment including: (a) vocational counselling and consultation, (b) counselling interventions, (c) community-based rehabilitation service activities, (d) case management, (e) applied. The primary goal of rehabilitation counselling is to assist individuals with disabilities gain or regain their independence through employment or some form of meaningful activity. This goal is based on the fundamental assumption that meaningful activity provides one venue to which individuals with disabilities can become productive members of society, establish social networks and interpersonal relations, and ultimately experience a good quality of life (Michael, et al., 2016). While the goals of rehabilitation counselling are relatively unequivocal, the process by which rehabilitation counsellors work with clients to achieve these goals has become increasingly diverse and complex due to the broadening scope of disability groups served, and the various settings in which rehabilitation counselling services are provided. Moreover, rehabilitation counsellors are not immune to the emerging trends of state licensure laws; these laws undoubtedly affect the settings to which rehabilitation counsellors may be employed, and the competencies deemed necessary to become a qualified rehabilitation counsellor within the broader context of the counselling profession (Commission on Rehabilitation Counsellor Certification, 2016).

Basic principles of Rehabilitation Counselling

The vast benefits of rehabilitation stem from a robust foundation that is hinged on rehabilitation principles. These principles are essential aspects of rehabilitation that distinguishes the medical approach to treatment from the rehabilitation approach. Thus, it is responsible for the orientation and uniqueness of rehabilitation and its professionals. Principles direct the discharge of rehabilitation care. These principles guide the rehabilitation professional in developing the plan of care for the individual undergoing rehabilitation (Mauk, 2011). Also, rehabilitation principles need to be understood by all rehabilitation team members to obtain desirable outcomes in the process of rehabilitation. The following principles guide rehabilitation;

Promote Adaptation

The challenges that accompany impairments and loss of function are often overwhelming for the patient and often include physical, social and emotional challenges. Due to this, to obtain desired results in rehabilitation, there must be an understanding of the overall individual's condition. This understanding must be channelled to support, encourage and build strength and resourcefulness. It is also essential for rehabilitation practitioners to understand that total recovery may not always be the end goal for rehabilitation for many individuals, but rather to maximise function. They must know

that rehabilitation helps individuals adjust to challenging health conditions and not only “recover” from them. The term “recovery,” often gets misunderstood by the individual as different from what a health professional may intend (Easton, 1999). The use of “adaptation” may create more realistic suggestions to the individual to enable them to cope and make adjustments with alterations, which have occurred following a health condition especially conditions that involve making lifelong changes. Indeed, reduction in activity, limitations and increase in community participation and reintegration occurs with rehabilitation, yet, creating a sense of adaptation in the patient increases their level of self-confidence and improves their acceptance of their self-image and adjustment to roles following health challenges (Haldane, et al., 2019).

Emphasise Abilities

Rehabilitation emphasises an optimistic perspective for individuals who have undergone different health challenges based on life-altering conditions. Therefore, rehabilitation focuses not on what is lost but what can be regained and achieved through mutual goal-setting by the rehabilitation professional and the individual (Cardol, et al., 2020).

Treat the Whole Person

A foundation principle in rehabilitation is a holistic approach to treatment (World Health Organization, 2016). It has to be remembered at all times that an individual is being treated and not the disease. This means that an individual's preferences, background, culture, religious beliefs, social support, physical abilities, developmental stages, psychology must be considered as plans of care are being developed by the rehabilitation team member (Burns, et al, 2017).

Time

The impact of time on rehabilitation has been widely studied from the best period to commence rehabilitation to the duration necessary for rehabilitation to achieve the greatest benefits. (Lindberg, 2013). Broadly, time is important in rehabilitation. Early commencement of rehabilitation can reduce the risk of readmission for certain conditions like chronic obstructive pulmonary diseases (Fehlings, 2017) improve motor function in spinal cord injury (Sumida, 2001) and stroke and so on.

Educate

Rehabilitation is not a magic pill, and education is the vital aspect of the rehabilitation process throughout all stages that ensure the individual and their support structures have a good understanding of what is going on, in order to set realistic expectations and set SMART goals (Dreeben-Irimia, 2010) Education of the individual in rehabilitation enables that person to assume responsibility for their health, promotes patient-centred care, and promotes the greatest level of independence in activities and involvement in rehabilitation plans.

People Centred Care

An approach to care that consciously adopts individuals, caregivers, families and communities perspectives as participants in and beneficiaries of trusted health systems that are organised around the comprehensive needs of people rather than individual diseases and respects social preferences. People-centred care also requires that patients have the education and support they need to make decisions and participate in their own care and that caregivers are able to attain maximal function within a supportive working environment. People-centred care is broader than patient and person-centred care, encompassing not only clinical encounters but also including attention to the health of people in their communities and their crucial role in shaping health policy and health services (World Health Organization, 2016).

Techniques in Rehabilitation Counselling

Methodologies include person-centered counselling, solution-focused brief therapy, gestalt therapy, cognitive and behavioural therapies, psychodynamic therapy, and an Adlerian approach.

Person Centered Counselling

Person-centered therapy seeks to facilitate a client's self-actualizing tendency, "an inbuilt proclivity toward growth and fulfilment (Wilkins, 2016) via acceptance (unconditional positive regard), therapist congruence (genuineness), and empathic understanding. It has been recognized as one of the major types of psychotherapy (theoretical orientations), along with psychodynamic psychotherapy, psychoanalysis, classical Adlerian psychology, cognitive behavioural therapy, existential therapy, and others. Its underlying theory arose from the results of empirical research; it was the first theory of therapy to be driven by empirical research (Wilkins, 2016) with Rogers at pains to reassure other theorists that "the facts are always friendly". Originally called non-directive therapy, it "offered a viable, coherent alternative to Freudian psychotherapy redefined the therapeutic relationship to be different from the Freudian authoritarian pairing (Woolfolk, 2015). Person-centered therapy is often described as a humanistic therapy, but its main principles appear to have been established before those of humanistic psychology. Some have argued that "it does not in fact have much in common with the other established humanistic therapies (Mearns, & Thorne, (2020). But by the mid-1960s Rogers accepted being categorized with other humanistic (or phenomenological-existential) psychologists in contrast to behavioural and psychoanalytic psychologists. Despite the importance of the self to person-centered theory, the theory is fundamentally organismic and holistic in nature, (Wilkins, 2016) with the individual's unique self-concept at the center of the unique "sum total of the biochemical, physiological, perceptual, cognitive, emotional and interpersonal behavioural subsystems constituting the person" (Wilkins, (2016).

Rogers affirmed individual personal experience as the basis and standard for living and therapeutic effect. This emphasis contrasts with the dispassionate position which may be intended in other therapies, particularly the behavioural therapies. Hallmarks of Rogers's person-centered therapy include: living in the present rather than the past or future; organismic trust; naturalistic faith in one's own thoughts and the accuracy in one's feelings; a responsible acknowledgment of one's freedom; and a view toward participating fully in our world and contributing to other peoples' lives. Rogers also claimed that the therapeutic process is, in essence, composed of the accomplishments made by the client. The client, having already progressed further along in their growth and maturation development, only progresses further with the aid of a psychologically favoured environment. Although client-centered therapy has been criticized by behaviourists for lacking structure and by psychoanalysts for actually providing a conditional relationship, it has been shown to be an effective treatment (Prochaska & Norcross, 2017).

The Necessary and Sufficient Conditions for Person Centered Counselling

Prochaska and Norcross (2017) quoting Rogers (1957; 1959) stated six necessary and sufficient conditions required for therapeutic change. Thus:

Therapist–Client Psychological Contact: A relationship between client and therapist must exist, and it must be a relationship in which each person's perception of the other is important.

Client Incongruence: Incongruence (as defined by Carl Rogers; "a lack of alignment between the real self and the ideal self") exists between the client's experience and awareness.

Therapist Congruence, or Genuineness: The therapist is congruent within the therapeutic relationship; the therapist is deeply involved they are not "acting" and they can draw on their own experiences (self-disclosure) to facilitate the relationship.

Therapist Unconditional Positive Regard: The therapist accepts the client unconditionally, without judgment, disapproval, or approval. This facilitates increased self-regard in the client, as they can begin to become aware of experiences in which their view of self-worth was distorted or denied.

Therapist Empathic Understanding: The therapist experiences an empathic understanding of the client's internal frame of reference. Accurate empathy on the part of the therapist helps the client believe the therapist's unconditional regard for them.

Client Perception: The client perceives, to at least a minimal degree, the therapist's unconditional positive regard and empathic understanding.

Core conditions in Person Centered Counselling

It is believed that the most important factor in successful person-centered therapy is the relational climate created by the therapist's attitude to their client. The therapist's attitude is defined by the three conditions focused on the therapist, which are often called the core conditions (Watson, 2012).

Congruence: The therapist is willing to transparently relate to clients without hiding behind a professional or personal facade.

Unconditional positive regard: The therapist offers an acceptance and prizing of their client for who they are without conveying disapproving feelings, actions, or characteristics and demonstrating a willingness to attentively listen without interruption, judgement, or giving advice.

Empathy: The therapist communicates their desire to understand and appreciate their client's perspective. Rogers believed that a therapist who embodies the three critical and reflexive attitudes (the three core conditions) will help liberate their client to more confidently express their true feelings without fear of judgement. To achieve this, the client-centered therapist carefully avoids directly challenging their client's way of communicating themselves in the session in order to enable a deeper exploration of the issues most intimate to them and free from external referencing. Rogers was not prescriptive in telling his clients what to do, but believed that the answers to the clients' questions were within the client and not the therapist. Consequently, the therapist's role was to create a facilitative, empathic environment wherein the client could discover the answers for themselves (Rogers, et al., 2013)

Solution-Focused Brief Therapy

Solution-Focused Brief Therapy (SFBT), also referred to as Solution-Focused Therapy (SFT), is a form of psychotherapy or counselling. This form of therapy focuses on solutions to problems or issues, and discovering the resources and strengths a person has, rather than focusing on the problem like more traditional talking therapies do. Thus, instead of analyzing how the issue arose or interpretations of it and why it is there and what it really means for the person, SFBT instead concentrates on the issue in the here and now, and how to move forward with a solution for it (De Shazer & Dolan, 2012). They also noticed that the client's problems or issues showed inconsistency,

in the way that sometimes they were present and other times they were not, as the person did have moments in life where they were able to function without the problems being there. Thus, there was importance to think about and explore these exceptions of when the problem is not affecting the person (Iveson, 2002).

Solution-Focused Therapy is currently used for most emotional and mental health problems that other forms of counselling are used to treat, such as: Depression, Anxiety, Self-esteem, Personal stress and work-related stress, Substance abuse/ addiction and Relationship problems. Research has shown that after a one year follow up, SFBT was effective in reducing depression, anxiety, and mood related disorders in adults (Maljanen, et al., 2012). A study on substance abuse in adults showed SFBT to be just as effective as other forms of talking therapy (problem-focused therapies) in treating addiction and decreasing addiction severity and trauma symptoms (Kim, et al., 2018).

In a solution-focused therapy session, the practitioner and client will work collaboratively to set goals and find solutions together, to overcome the problem or issue. The practitioner will ask questions to gain an understanding of the client's strengths and inner resources that they might not have noticed before. The practitioner will also use complimentary language to bring awareness to and to support the strengths that the client does have, to shift the client's focus to a more solution oriented, positive outlook, rather than ruminating on the problem unaware of the strengths and abilities that they do have. Sessions usually will last between 50 – 90 minutes, but can be as brief as 15 - 20 minutes, usually once per week, for around 6 - 12 weeks, but are also given as one-off, stand-alone sessions. There are lots of techniques used in SFBT to shift the client's awareness onto focusing on the future and on a solution. These techniques include the miracle question, coping questions, exceptions to the problem, compliments, and using scales.

Advantages

SFBT is a short-term therapy, on average sessions will last for 6-10 weeks but can even be one stand-alone session, which helps it to be more cost effective in comparison to longer term therapy that lasts for months or years (Maljanen, et al. 2012).

It can help clients to identify their problems and then find a goal to overcome them, the practitioner also offers the client support through compliments which gives them motivation to notice their strengths, increasing their self-esteem and to keep striving to achieving their goals.

It is future oriented, so it helps to motivate the client to move forward in life and not to feel stuck in their past, also SFBT is positive in nature so gives the client the optimism needed to move forward into the future.

It is non-judgmental and compassionate in its approach, the client choses their own goals not the therapist, and they are praised/ complimented for their strengths no matter how small, even if they fail at achieving their set goal, they are praised for showing their strengths in other ways in life, helping them to not lose sight of their inner resources and still feel encouraged (Antin, 2018).

Disadvantages

Because it is short term, it is not a good fit for everyone, for example clients with more severe problems that need more time, and clients who are withdrawn or struggle to speak and open up fully to the therapist, who would naturally need more time to gain trust and feel comfortable, before been able to work towards a solution with the help of the practitioner (Miller, & Rollnick, 2013).

It has less importance placed on past traumas, giving less room during sessions to explore these significant events (sometimes of great complexity), and help the client to understand why something in their past happened and why it is still affecting them today.

As it is solution-focused it could minimize the client's pain, making them feel like their past traumas have not been heard or felt by the counsellor, which can and does affect the therapeutic alliance, as you are more likely to openly and honestly speak about something traumatic, if you feel the other person deems it important as well, and if they give you space for it. It is also a reason some people chose to see a counsellor, because they have not had the opportunity to speak about their problems or traumas with other people in their life.

As the therapy is client led this could lead to a few problems. For example, if the client really wishes to talk about and explore a past trauma or gain understanding on a past issue, despite cues from the practitioner to focus towards the near future in a solution-focused way, then it will be difficult for the practitioner to actually use this method at all with the client, as SFBT requires the client to actively be ready and want to find a solution and focus towards their near future. Also, the client led approach means that it is for the client to decide when their goals have been sufficiently reached, therefore they can end the therapy sessions early if they feel it's enough, despite if the practitioner feels concerns for this.

Gestalt Therapy

The objective of Gestalt therapy is to enable the client to become more fully and creatively alive and to become free from the blocks and unfinished business that may diminish satisfaction, fulfilment, and growth, and to experiment with new ways of being (Seligman, 2016). For this reason, Gestalt therapy falls within the category of humanistic psychotherapies. As Gestalt therapy includes perception and the meaning-making processes by which experience forms, it can also be considered a cognitive approach. Also, because Gestalt therapy relies on the contact between therapist and client, and because a relationship can be considered to be contact over time, Gestalt therapy can be considered a relational or interpersonal approach. As it appreciates the larger picture which is the complex situation involving multiple influences in a complex situation, it can also be considered a multi-systemic approach. In addition, the processes of Gestalt therapy are experimental, involving action, Gestalt therapy can be considered both a paradoxical and an experiential/experimental approach.

Gestalt therapy is a humanistic, holistic, person-centered form of psychotherapy that is focused on a person's present life and challenges rather than delving into past experiences. This approach stresses the importance of understanding the context of a person's life and taking responsibility rather than placing blame. Gestalt, by definition, refers to the form or shape of something and suggests that the whole is greater than the sum of its parts. There is an emphasis on perception in this particular theory of counselling. Gestalt therapy gives attention to how we place meaning and make sense of our world and our experiences. Gestalt therapy focuses on process (what is actually happening) over content (what is being talked about Sommers-Flanagan; & Rita Sommers-Flanagan, the emphasis is on what is being done, thought, and felt at the present moment (the phenomenality of both client and therapist), rather than on what was, might be, could be, or should have been. Gestalt therapy is a method of awareness practice (also called "mindfulness" in other clinical domains), by which perceiving, feeling, and acting are understood to be conducive to interpreting, explaining, and conceptualizing (the hermeneutics of experience (Brownell, 2010) This distinction between direct experience versus indirect or secondary interpretation is developed in the process of therapy. The client learns to become aware of what they are doing and that triggers the ability to risk a shift or change. The objective of Gestalt therapy is to enable the client to become more fully and creatively alive and to become free from the blocks and unfinished business that may diminish satisfaction, fulfilment, and growth, and to experiment with new ways of being (Yontef, 2019). For this reason, Gestalt therapy falls within the category of humanistic psychotherapies. As Gestalt therapy includes perception and the meaning-making processes by which experience forms, it

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Cognitive and Behavioural Therapies

Cognitive behavioural therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications. It is important to emphasize that advances in CBT have been made on the basis of both research and clinical practice. Indeed, CBT is an approach for which there is ample scientific evidence that the methods that have been developed actually produce change. In this manner, CBT differs from many other forms of psychological treatment (Kendra, 2022).

CBT is based on several core principles, including: Psychological problems are based, in part, on faulty or unhelpful ways of thinking. Psychological problems are based, in part, on learned patterns of unhelpful behaviour. People suffering from psychological problems can learn better ways of coping with them, thereby relieving their symptoms and becoming more effective in their lives. CBT treatment usually involves efforts to change thinking patterns. These strategies might include: Learning to recognize one's distortions in thinking that are creating problems, and then to re-evaluate them in light of reality. Gaining a better understanding of the behaviour and motivation of others. Using problem-solving skills to cope with difficult situations. Learning to develop a greater sense of confidence in one's own abilities. CBT treatment also usually involves efforts to change behavioural patterns. These strategies might include: Facing one's fears instead of avoiding them. Using role playing to prepare for potentially problematic interactions with others. Learning to calm one's mind and relax one's body. Not all CBT will use all of these strategies. Rather, the psychologist and patient/client work together, in a collaborative fashion, to develop an understanding of the problem and to develop a treatment strategy. CBT places an emphasis on helping individuals learn to be their own therapists. Through exercises in the session as well as "homework" exercises outside of sessions, patients/clients are helped to develop coping skills, whereby they can learn to change their own thinking, problematic emotions, and behaviour. CBT therapists emphasize what is going on in the person's current life, rather than what has led up to their difficulties. A certain amount of information about one's history is needed, but the focus is primarily on moving forward in time to develop more effective ways of coping with life (Gaudiano, 2018).

Psychodynamic Therapy

Psychodynamic therapy is an approach that involves facilitation of a deeper understanding of one's emotions and other mental processes. It works to help people gain greater insight into how they feel and think. By improving this understanding, people can then make better choices about their lives. They can also work on improving their relationships with other people and work toward achieving the goals that will bring them greater happiness and satisfaction. Psychodynamic therapy is rooted in psychoanalytic theory but is often a less intensive and lengthy process than traditional psychoanalysis. While psychoanalysis tends to focus a great deal on the patient and therapist

relationship, psychodynamic therapy also places a great deal of emphasis on a patient's relationships with other people in the outside world (Leichsenring, et al., 2016).

Psychodynamic therapy is a form of talk therapy. It is based on the idea that talking to a professional about problems people are facing can help them find relief and reach solutions. Through working with a psychodynamic therapist, people are able to better understand the thoughts, feelings, and conflicts that contribute to their behaviours. This approach to therapy also works to help people better understand some of the unconscious motivations that sometimes influence how people think, feel, and act. This approach to psychotherapy can be helpful for dealing with mental or emotional distress. It can help promote self-reflection, insight, and emotional growth. By better understanding your emotional patterns and their roots, you are better equipped to manage your problems and develop coping techniques that will help you both now and in the future (Haggerty, 2016).

Uses

While it is similar to psychoanalysis in many respects, it is often less frequent and shorter in duration. Like other forms of therapy, it can be used to treat a variety of mental health problems such as Anxiety, Depression, Eating disorders, Interpersonal problems Personality disorders, Psychological distress, Post-traumatic stress disorder, Social anxiety disorder and Substance use disorders. Factors that may impact what type of treatment is used include cost-effectiveness, availability, patient preferences, and the severity of the symptoms the person is experiencing. While cognitive-behavioural therapy (CBT) is a popular and effective approach, evidence suggests that psychodynamic therapy can be just as effective for many conditions. Online therapy is another option that you might consider. Some research also suggests that online psychodynamic therapy may be as effective as online CBT (McLeod, 2014).

Psychodynamic therapy helps people recognize repressed emotions and unconscious influences that may be affecting their current behaviour. Sometimes people act in certain ways or respond to others for reasons that they don't really understand. Psychodynamic therapy helps people learn to acknowledge, bear, and put into perspective their emotional lives. It also helps people learn how to express their emotions in more adaptive and healthier ways.

Important Characteristics

Some important aspects of psychodynamic therapy (Haggerty, 2016) include:

Identifying Patterns: Psychodynamic therapy helps people learn to recognize patterns in behaviour and relationships. People often develop characteristic ways of responding to problems without really being aware of these tendencies. Learning to spot them, however, can help people find new approaches to coping with problems.

Understanding Emotions: Research has found that psychodynamic therapy is useful for exploring and understanding emotions. Through gaining insight into emotional experiences, people are better able to recognize patterns that have contributed to dysfunction and then make changes more readily.

Improving Relationships: Relationships with others are a key focus of psychodynamic therapy. In working with a therapist, people are able to understand how they often respond to others. The therapeutic relationship itself can serve as a way to look into the relationships a person has with other people through a process known as transference. This gives people an immediate "in vivo" way to explore and then change their pattern of responses in order to improve their relationships. Assessing the efficacy of psychodynamic therapy presents some challenges, but research does suggest that it can be useful in the treatment of a variety of psychological problems.

One reason that it may be difficult to assess the full efficacy of psychodynamic therapy is that many of the changes it produces can be tough to measure. Despite this difficulty, research supports the efficacy and use of psychodynamic therapy to treat a variety of conditions. One notable review published in the journal *American Psychologist* concluded that the evidence supports the efficacy of psychodynamic therapy (Shedler, 2010). Another study found that psychodynamic therapy could be at least as effective as cognitive-behavioural therapy (CBT) (Tolin, 2019).

An Adlerian Approach

Individual therapy, or Adlerian therapy, is an approach in which a therapist works with a client to identify obstacles and create effective strategies for working towards their goals. Adlerians believe that, by gaining insight into challenges, people can overcome feelings of inferiority. Moreover, Adlerians believe that people are most fulfilled when they are working towards the social interest; that is, when they are doing things that are beneficial for society as a whole.

Stages of Adlerian Therapy

In Adler's approach to therapy, termed individual psychology or Adlerian psychology, therapy progresses through a series of four stages as stated by Adlerian Psychology (2016):

Engagement: The client and therapist begin to establish the therapeutic relationship. The relationship should consist of collaboration towards addressing the client's problems. The therapist should offer support and encouragement.

Assessment: The therapist works to learn more about the client's background, including early memories and family dynamics. In this part of therapy, the therapist attempts to understand how the client may have developed certain styles of thinking that are no longer helpful or adaptive for them.

Insight: The therapist offers an interpretation of the client's situation. The therapist suggests theories about how past experiences may have contributed to issues the client is currently experiencing; importantly, the therapist leaves it up to the client to decide whether these theories are accurate and useful.

Reorientation: The therapist helps the client to develop new strategies that the client can use in daily life.

Processes in Rehabilitation Counselling

Roessler and Rubin, (2016) noted that the rehabilitation counselling process is generally consistent with the counselling process in general. The process is collaborative, with rehabilitation counsellors and individuals with disabilities jointly assessing and identifying needs; establishing personal, career, and independent living goals; identifying barriers to accomplishing those goals; identifying needed services and interventions to overcome the barriers and accomplish the goals; organizing those services and interventions into a service plan; and implementing and evaluating the progress and success of the plan. Individuals with disabilities often seek rehabilitation counselling at times of change or crisis, such as the onset of a disability, changes in condition or functioning associated with disability, or times of transition (e.g., discharge from a hospital, completion of high school and moving on to adult and community life, struggles with the demands of an education or training program, the illness or death of a caretaker, or termination from a job). At times of crisis, assistance will often be required through rehabilitation counselling in processing those changes and their implications, identifying and accessing community resources, and finding new ways to meet needs, which may precede the establishment and pursuit of personal, career, and independent living goals.

As in counselling in general, in rehabilitation counselling the emphasis is on the counselling relationship and developing a strong working alliance between rehabilitation counsellors and individuals with disabilities. As is also true in counselling in general, eclectic approaches to counselling are common, with counsellors drawing from a number of different counselling theories and techniques in their practice. Because of the emphasis on facilitating career, independent living, and life decisions, trait-and-factor theories and concepts are often applied. Given their emphasis on helping people build on strengths, cognitive-behavioural theories and practices can be beneficial in guiding people to develop skills for coping with difficulties and become masters of their own destinies to greater degrees.

Given the complexity of needs that is often associated with disabilities, the involvement of many different professionals, programs, and services is often required and, as a result, service coordination and case management are often critical components of the rehabilitation counselling process. In addition, given the common focus on career goals, important components of the process are often job development and placement and the facilitation of independent job-seeking efforts on the part of individuals served. Some functions and tasks are unique or are emphasized to a greater degree in rehabilitation counselling practice than in counselling in general. Given the prominence of ecological perspectives, and the belief that problems related to disability reside in large part in the physical and social environments in which people with disabilities live and work, advocacy is emphasized. This includes both advocating for people with disabilities and assisting them in their efforts at self-advocacy. Related to advocacy, rehabilitation counsellors may be called upon to consult with business, industry, and other organizations in facilitating accessibility and accommodating the needs of people with disabilities, including the identification of assistive technology that may be used. In addition, rehabilitation counsellors may be called upon to assist in legal proceedings, such as workers' compensation, personal injury, and divorce cases, to assess the impact of disability on earning potential so that appropriate compensation can be determined. Similarly, in life care planning, rehabilitation counsellors may be called upon to assess the life-long service needs of individuals with disabilities, along with the costs of obtaining those services, in order to determine appropriate insurance settlements following the onset of a disability (Parker & Szymanski, 2015).

CONCLUSION

In view of the discussion, Among the different counselling interventions, individual counselling is most commonly practiced by rehabilitation counsellors but, depending on the specific settings in which rehabilitation counsellors' practice, group counselling may also be frequently used, along with family counselling. Career counselling is commonly practiced in many rehabilitation settings, because of the central importance of work and career for individuals with disabilities and the impact that disability can have on career direction and employment. In addition, personal issues, coping and adaptation to disability, and consideration of life decisions and plans are often the focus of rehabilitation counselling practice. Also understanding the foundations and principles of rehabilitation equips the professional with the essential knowledge to confidently and accurately approach rehabilitation to promote the most significant gains in functional independence and participation in activities for the patient.

RECOMMENDATIONS

1. Counsellor should work in collaboration with a client to identify and understand their challenges, barriers and potentials.
2. Community should increase the accessibility of rehabilitation and therapy services for clients. These models increase the services available to people living in rural and remote areas and allow clients to stay in their communities when receiving therapy services.

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